

ENVISION

FY13 PY2 Semiannual Report

Q3-Q4, April 1 – September 30, 2013

ENVISION PROJECT OVERVIEW

ENVISION is a five-year project funded by the U.S. Agency for International Development (USAID) aimed at providing assistance to national neglected tropical disease (NTD) control programs for the control and elimination of seven targeted NTDs: lymphatic filariasis, onchocerciasis, schistosomiasis, three soil-transmitted helminths (roundworm, hookworm, whipworm) and trachoma. ENVISION will contribute to the global goal of reducing the burden of these targeted NTDs so that they are no longer a public health problem.

To this end, ENVISION will focus on the following intermediate result areas:

- IR1: Increased MDA coverage among at-risk populations in endemic communities
- IR2: Improved evidence-base for action to control and eliminate targeted NTDs
- IR3: Strengthened environment for implementation of national integrated NTD control and elimination programs

ENVISION is implemented by RTI International in partnership with CBM International, The Carter Center, Helen Keller International, IMA World Health, Sightsavers International, Tulane University and World Vision. The period of performance for ENVISION is September 30, 2011 through September 29, 2016.



Cover Photos: *Left from top to bottom: Zithromax distributed during MDA for trachoma in Niassa province, Mozambique; Teams use mobile phones to scan barcodes of sample for SCH/STH mapping in Nigeria; Child takes ivermectin during MDA in Cameroon.*

Right from top to bottom: Uganda MOH representative wirelessly submits data collected with electronic tablets during trachoma mapping exercises. Participants engage in a mock press briefing as part of the media training in Senegal. Photo by Beth Kurylo for International Trachoma Initiative



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RTI International is a trade name of Research Triangle Institute.

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Q3-Q4, April – September 2013

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LIST OF ACRONYMS

AFRO	WHO Regional Office for Africa
ALB	Albendazole
APR	Activity Progress Report
AOR	Agreement Officer's Representative
APOC	African Programme for Onchocerciasis Control
CBM	CBM Worldwide
CCN	Cooperating Country National
CDC	United States Centers for Disease Control
CDD	Community Drug Distributor
CDTI	community-directed treatment with ivermectin
CIFF	Children's Investment Fund Foundation
CMD	Community Medicine Distributor
CNHF	Conrad N. Hilton Foundation
CNTD	Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine
DEC	Diethylcarbamazine
DfID	Department for International Development, United Kingdom
DHO	District Health Officer
DSA	Disease Specific Assessment
DQA	Data Quality Assessment
EU	Evaluation Unit
FMOH	Federal Ministry of Health
FOG	Fixed Obligation Grant
GOI	Government of Indonesia
GON	Government of Nepal
HKI	Helen Keller International
ICT	Immunochromotographic card tests
ICTC	International Coalition for Trachoma Control
IEC	Information, Education, and Communication
IMA	IMA World Health
ITI	International Trachoma Initiative
IVM	Ivermectin
LF	Lymphatic Filariasis
LGA	Local Government Area
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MBD	Mebendazole
MDA	Mass Drug Administration
Mf	Microfilariae
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSD	Medical Stores Department
NG(D)O	Non-Governmental (Development) Organization
NTD	Neglected Tropical Disease
NTDCP	Neglected Tropical Disease Control Program
OV	Onchocerciasis
PAHO	Pan American Health Organization
PCT	Preventive Chemotherapy

PDCI	Partnership for Disease Control Initiatives
PHO	Public Health Officer
PMP	Program Management Plan
PNLMT	National Program for the Fight against Communicable Diseases
PNLO	National Onchocerciasis Control Program (PNLO)
PZQ	Praziquantel
RPA	Resident Program Advisor
RPRG	Regional Program Review Group
SAC	School-aged Children
SAE	Severe Adverse Event
SAFE	Surgery, Antibiotics, Facial Cleanliness, Environmental Change
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative, Imperial College, London
SCORE	Schistosomiasis Consortium for Operational Research and Evaluation
SEARO	WHO Regional Office for South-East Asia Region
STAG	Strategic and Technical Advisory Group
STH	Soil-Transmitted Helminths
TAF	Technical Assistance Facility
TAP	Trachoma Action Plan
TAS	Transmission Assessment Survey
TCC	The Carter Center
TEO	Tetracycline eye ointment
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
TOT	Training of Trainers
TZNTDCP	Tanzania NTD Control Program
UND	University of Notre Dame
USAID	United States Agency for International Development
WG-CS	Working Group for Capacity Strengthening
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific Region
WV	World Vision

EXECUTIVE SUMMARY

Based on the framework of the WHO NTD roll-out package, the ENVISION project's objective is to decrease the disease burden caused by seven USAID-targeted NTDs. Through technical and support functions defined during strategic planning and consultation with USAID in FY12 (Project Year 1), ENVISION empowers governments of endemic countries to lead national NTD control programs and scale up the delivery of preventive chemotherapy. By the end of FY13 (Project Year 2) of ENVISION, the consortium of partners now support national NTD programs in fourteen countries, including specific support to large, high profile endemic countries such as Ethiopia, Nigeria, and DR Congo, the first of their kind for the USAID NTD portfolio.

By the end of year 2 of ENVISION, and as a result of financial inputs from a large variety of donors and technical support from numerous partners, district-level MDA is no longer necessary for lymphatic filariasis in 82 districts or trachoma in 70 districts in ENVISION-supported countries. Thus district-wide mass drug administration for LF is no longer needed for the 17.6 million persons and for trachoma for 22 million persons. These achievements were accomplished through the leadership of Ministry of Health NTD programs, coordinating numerous stakeholders and often complex, multi-faceted programs.

Of the 730 districts receiving technical and/or financial support from ENVISION in Year 2, ENVISION specifically supported MDA in 420 districts and treated 40.8 million persons with more than 72 million treatments¹. Through remarkable partnerships with drug donation programs, ENVISION-supported countries benefited from \$1.9 billion worth of donated medicines received in FY13. ENVISION's capacity strengthening efforts were maintained, with nearly 40,000 persons trained with USAID support at the country level; specific NTD M&E training reached 739 persons during Year 2. While the 14 ENVISION-supported countries are at various stages in progress towards NTD elimination and control – as a result of their benefitting from different levels of donor support and having diverse disease profiles—the project strengthens integrated NTD control at country levels by engaging with numerous stakeholders to provide technical assistance and build capacity. By influencing global policies and building local capacities and systems, ENVISION fosters efficient and sustained integrated NTD control beyond the life of the project.

¹ Some data are still being compiled and FY13 accomplishments will likely increase.

1. PROJECT OVERVIEW

The World Health Organization (WHO) has produced overwhelming evidence to show that the burden caused by many of the 17 neglected tropical diseases (NTD) that affect more than 1 billion people worldwide can be effectively controlled and, in many cases, eliminated or even eradicated. WHO recommends five strategies for the prevention, control, elimination and eradication of NTDs:

1. **Preventive chemotherapy (PC):** large-scale use of safe, single-dose medicines against lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminths (STH) and trachoma. Implementation of PC interventions with high coverage will ensure that by 2020 the WHO goals for the targeted helminthic diseases are reached. Elimination of blinding trachoma through the SAFE strategy (surgery, antibiotic distribution, hygiene and environmental management) can be accentuated through integration with interventions like PC.
2. **Intensified disease management:** targeting complex protozoan and bacterial diseases, such as human African trypanosomiasis, leishmaniasis, Chagas disease and Buruli ulcer.
3. **Vector and intermediate host control:** cross-cutting activity enhancing the impact of preventive chemotherapy and intensified disease management.
4. **Veterinary public health at the human–animal interface:** addressing NTDs caused by agents originating from or involving vertebrate animals in their life-cycles.
5. **Provision of safe water, sanitation and hygiene:** United Nations statistics show that 900 million people lack access to safe drinking-water, and 2500 million live without appropriate sanitation. Until this situation improves, many NTDs and other communicable diseases will not be eliminated, and certainly not eradicated².

The **U.S. Agency for International Development’s ENVISION project (2011-2016)** is designed to support the vision of WHO and its member states by targeting resources for the control and elimination of 7 NTDs (lymphatic filariasis, onchocerciasis, schistosomiasis, three soil-transmitted helminths and trachoma). Building on the structure and lessons learned of the 2006-2012 USAID-funded NTD Control Program, an ENVISION Monitoring and Evaluation graphic (Figure 1) was developed, illustrating the results framework through which project activities are designed, implemented, monitored, and evaluated.

² Accelerating work to overcome the global impact of neglected tropical diseases – A roadmap for implementation. World Health Organization. 2012

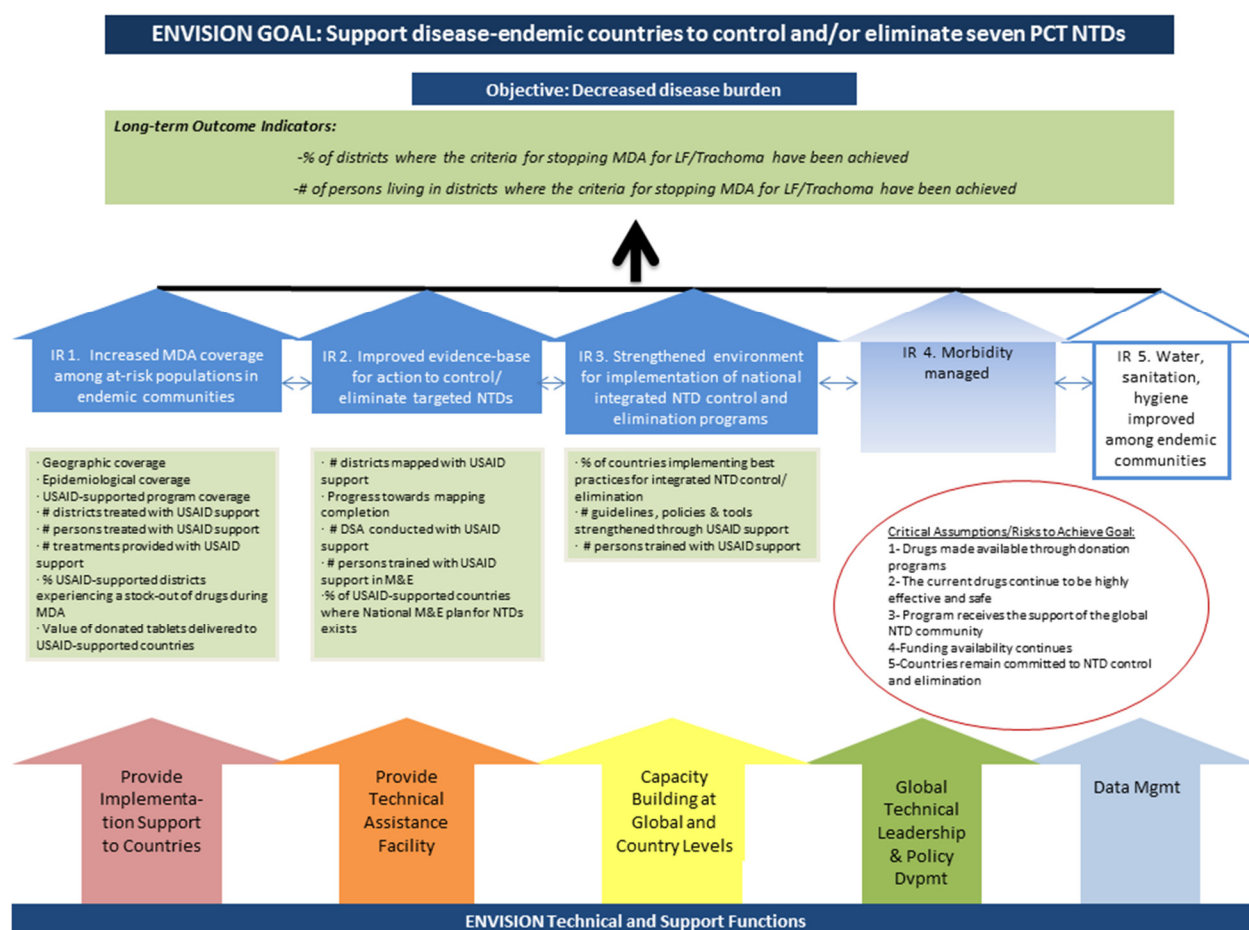
ENVISION technical and support functions include: 1) implementation support to countries (including preventive chemotherapy, monitoring and evaluation, limited morbidity management, and health education); 2) technical assistance for national NTD programs; 3) capacity building at global and country levels; 4) global technical leadership and policy development, and; 5) data management. These functions are designed to support activities aiming at the agreed ENVISION Intermediate Result (IR) domains:

IR 1) increased MDA coverage among at-risk populations in endemic communities;

IR 2) improved evidence base for action to control and eliminate targeted NTDs;

IR 3) strengthened strategic approach and guidelines for implementing national integrated NTD control and elimination programs

Figure 1: ENVISION Monitoring and Evaluation Framework



Consequently, ENVISION contributes to several activity areas for NTD control and elimination, including support for:

- NTD program implementation led by Ministries of Health (MOH),
- Drug and diagnostics procurement where donation programs are unavailable,
- Capacity building, in coordination with WHO, USAID and global partners,
- Management and implementation of the Technical Assistance Facility (TAF),
- Disease mapping, in coordination with WHO, USAID and global partners,
- NTD policy development, in coordination with WHO, USAID and global partners, and
- NTD monitoring and evaluation, in coordination with WHO, USAID and global partners.

This report summarizes activities completed by the ENVISION project during the April - September 2013 reporting period.

2. PROJECT MANAGEMENT

ENVISION PARTNER COORDINATION

ENVISION is implemented by RTI International in partnership with CBM International (CBM), The Carter Center (TCC), Helen Keller International (HKI), IMA World Health (IMA), Sightsavers, Tulane University, and World Vision (WV). During year 2, efforts continued to coordinate the consortium of ENVISION partners and seek fuller engagement. Quarterly partner teleconferences have become routine, allowing RTI to orient partners to new project developments and to share lessons learned. These have become particularly useful for communication on activities related to capacity building and the Technical Assistance Facility. Specific in-person ENVISION partner meetings did not take place during this reporting period. To maximize efficiencies, the project took advantage of other global and national level NTD gatherings (WHO AFRO NTD program managers meeting, NGDO network meetings, etc.) to coordinate and share information with ENVISION partners.

COORDINATION WITH USAID

ENVISION coordinates with USAID headquarters team daily and manages biweekly meetings between both management teams. In addition, at the country level ENVISION staff interact regularly with USAID missions, providing information on ENVISION-supported activities, participating in joint field visits, and coordinating in-country advocacy. RTI/ENVISION's monitoring and evaluation team interacts regularly with USAID-funded NTD projects (FHI 360 for the END in Africa and END in Asia projects and APOC), providing technical assistance for USAID's NTD database. ENVISION works closely with USAID to ensure complementarity of USAID support in countries also benefiting from support for NTDs from other donors including DFID, the Bill & Melinda Gates Foundation, and the End Fund.

In addition to the routine USAID and RTI ENVISION biweekly meetings, RTI had in-depth discussions with USAID on project communications, project global leadership, project monitoring and evaluation, project drug and diagnostics procurement, and support of morbidity management and disability prevention activities. Overall Work Plan approval was obtained on November 29, 2012. An addendum to the work plan for activities supporting morbidity management and disability prevention was approved by USAID on July 10, 2013.

PROGRAM COMMUNICATIONS

TELLING THE STORY OF NTDS

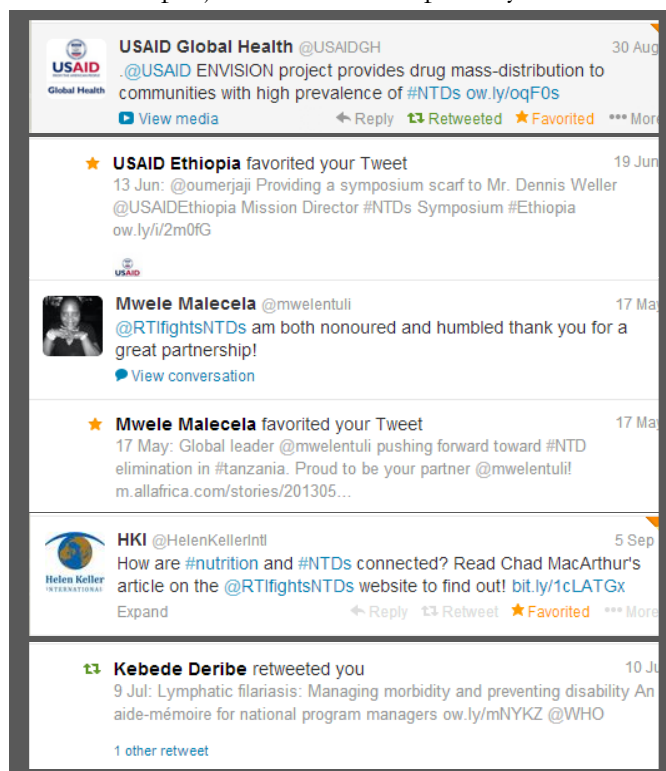
During this period, ENVISION developed news stories and spotlights to effectively communicate project activities and USAID's support for NTD control and elimination to multiple target audiences. In partnership with field offices, partners and NTD advisors, ENVISION produced news stories highlighting different programmatic areas including, mapping, MDA, and capacity

building to promote the successes of country programs. ENVISION Spotlights were developed to highlight the role of NTDs in the context of broader global development themes. Spotlights developed during the period included pieces on NTDs and Nutrition and the LF MDA in Morang, which used a human interest story to showcase the impact of LF on the productive capacity of a Nepali man.

SHARING PROJECT NEWS THROUGH SOCIAL MEDIA

Social media is of growing importance in development. As usage grows in Africa, social media and the internet will continue to influence the way networks are formed and developed. As of March 2013, there were estimated to be over 50 million Facebook users in Africa, of whom 87% reported consistent use³. During this reporting period, RTI expanded its engagement with the NTD community through social media using both Twitter and Facebook. Social media is an essential component of any communications strategy, and serves the project as one of the primary means for disseminating resources and news, driving traffic to the ENVISION website.

@RTIfightsNTDs serves as a real-time resource highlighting USAID's contribution to NTD control. In consultation with NTD advisors and ENVISION field staff, we share news from country programs, promote the work of our partners and interact with others in the NTD community. Through social media, ENVISION interacts consistently with partners and global players in the development community, allowing the project to demonstrate leadership and play a critical role in shaping the growing online conversation about NTDs. Essential to the role of ENVISION in social media is the interaction with key members of the NTD community, including USAID, Administrator Raj Shah, USAID Mission representatives, MOH NTD staff, and other non-governmental development organizations (NGDOs) working to control and eliminate NTDs. In Quarters 3 and 4,



³ Socialbakers.com

ENVISION saw steady growth in Twitter followers, growing from 154 to 236⁴ followers, and Facebook followers (known as “likes” on the platform) are now up to 43 likes.

MULTIMEDIA

In quarters 3 and 4, ENVISION produced new multimedia communication materials to provide more interactive and visually dynamic means for understanding NTDs and USAID’s contribution to NTD control and elimination.

- **MDA Video** – Using footage from an MDA in Uganda, the ENVISION team developed a video outlining the importance of integrated control measures in NTD programs , detailing the components and significance of integrated MDA
- **Mobile Data Capture Video** – ENVISION developed a video outlining the use of mobile phone and tablets in data collection for mapping and disease-specific assessments. The video serves as an overview of the technology and its usage. The video is being used by program managers and MOH staff in understanding and promoting the use of these tools

ENVISION WEBSITE

During Quarters 3 and 4, the ENVISION website experienced significant web traffic, drawing in 528 unique visitors and over 1,907 page views, including new visitors (41.2%) and returning visitors (58.8%) to the website during this period. Search engine optimization (SEO) was also enabled on the website to increase the visibility of ENVISION in search results and increase its relevance for specific keyword searches.

⁴ These numbers represents the amount of followers as of September 30, 2013.

3. NTD MEDICINES AND DIAGNOSTICS

GLOBAL DRUG DONATIONS TO ENVISION-SUPPORTED COUNTRIES

The majority of NTD medicines distributed by national NTD programs are provided by pharmaceutical companies - Merck & Co. Inc., GlaxoSmithKline (GSK), Johnson & Johnson and Pfizer and their respective drug donation programs - the Mectizan Donation Program and International Trachoma Initiative (ITI). Their donations and commitments to date are summarized in Table 1.

Nearly \$2 billion in donated drugs were received by ENVISION supported countries in FY13 (Figure 2, Table 2), totaling \$2.7 billion since the start of ENVISION and \$6.7 billion since the start of USAID's NTD Program (inclusive of all USAID-supported NTD projects).

Table 1: GLOBAL DONATION PROGRAMS				
Drug	Disease	Manufacturer	Drug Donation Program	Donation and Current Commitment
Albendazole (ALB)	Lymphatic Filariasis	GlaxoSmithKline	Mectizan Donation Program	All the ALB needed to eliminate LF worldwide by 2020; program established in 1998
	Soil-transmitted helminths	GlaxoSmithKline	WHO	400M tablets of ALB per year for deworming school aged children in endemic countries through 2020; program established in 2010.
Mectizan® (Ivermectin)	Onchocerciasis, Lymphatic Filariasis	Merck & Co. Inc.	Mectizan Donation Program	All the Mectizan® required to treat onchocerciasis wherever it is needed for as long as it is needed; program began in 1987.
Praziquantel (PZQ)	Schistosomiasis	Merck KGaA (Merck Serono)	WHO	250M tablets of PZQ per year to WHO for allocation to national schistosomiasis control programs; initiated in 2007.
Mebendazole (MBD)	Soil-transmitted helminths	Johnson & Johnson	WHO	200M doses of MBD per year for treatment of STH in children; program began in 2008.
Zithromax® (Azithromycin)	Trachoma	Pfizer Inc.	International Trachoma Initiative	All the Zithromax® treatments needed to eliminate blinding trachoma in the context of the SAFE strategy by 2020; program established in 1998.

ENVISION maintains a strong relationship with representatives from the drug donation programs and participates in WHO Working Group on Drug Supply. Country programs provide assistance to national programs so that drug applications are completed in a timely fashion in accordance with the suppliers' requirements. Of note, the TIPAC was updated during this reporting period to provide outputs that can be used as part of WHO's Joint Application Package to request PC medicines.

Figure 2. Proportion of Total Drug Donations by Country, Oct 2012-Sept 2013

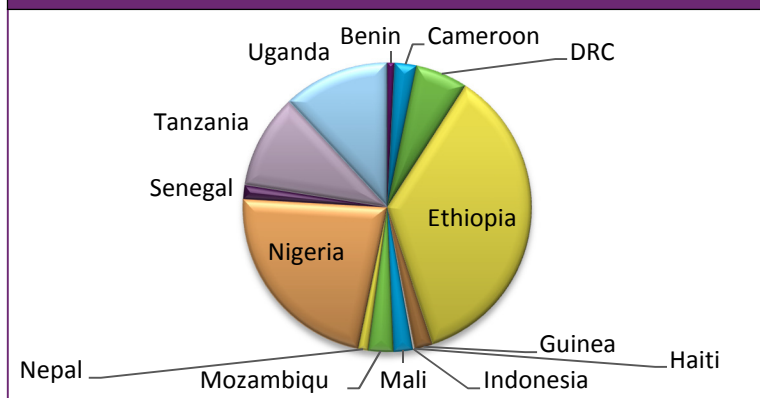


Table 2. Value of Donated Drugs by Country, Oct 2012-Sept 2013

Country	in \$ millions
Ethiopia	691
Nigeria	437
Uganda	231
Tanzania	204
DRC	113
Mozambique	55
Cameroon	47.5
Mali	42
Guinea	39
Senegal	30
Nepal	22
Benin	15.4
Indonesia	2.5
Haiti	1.9

PROCUREMENTS UNDER ENVISION

In addition, USAID provides funding for those NTD medicines and diagnostics not already available through large global drug donation programs. Commodities include:

- Praziquantel, an anthelmintic used to treat schistosomiasis
- Diethylcarbamazine citrate (DEC) (only in countries where LF and oncho are not co-endemic)
- Tetracycline Eye Ointment (TEO), an antibiotic used against trachoma
- Immunochromotographic card tests (ICT Cards) for LF diagnosis (used in transmission assessment and sentinel/spot check site surveys)
- Kato Katz kits for schistosomiasis and soil-transmitted helminth diagnosis (used in mappings and assessments)

USAID funded procurements are managed by ENVISION for countries supported not only the ENVISION project but also END in Africa, END in Asia, and the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE) projects.

During Q3-Q4, the ENVISION project delivered PZQ and DEC to countries under the ENVISION, END in Africa, and END in Asia. In addition, PZQ for use by the SCORE Project was delivered to Mozambique. Procurements for tetracycline eye ointment to ENVISION countries were initiated and delivered. Details are provided in Table 3.

Table 3. Drug procurements supported by ENVISION, April – September 2013

Country	Project	Tablets PZQ delivered	Tablets DEC delivered	Tubes of TEO delivered
Benin	ENVISION	599,000		
Cameroon	ENVISION			86,050
Haiti	ENVISION		17,680,000	
Mozambique	SCORE	399,000		
Nigeria	ENVISION			35,000
Sierra Leone	END in Africa	4,054,500		
Tanzania	ENVISION	650,000		
The Philippines	END in Asia	6,000,000		
Uganda	ENVISION	6,000,000		375,100
TOTAL		17,702,500	17,680,000	496,150
TOTAL FY13		56,250,500	34,135,000	1,208,100
*Commodities delivered to countries were not necessarily distributed by national programs during the same reporting period.				

During Q3-Q4, ENVISION procured ICT cards, Kato Katz kits, and Brugia Rapid test kits for ENVISION countries largely in support of disease specific assessments (DSA) performed as a necessary step towards determining whether or not areas meet the recommended criteria to stop MDA. See Table 4. Applications for ICT cards and Kato Katz kits were also submitted for FY14, and reviewed by the ENVISION commodity review team. The review team compared requests for ICT cards to the data supporting their use for transmission assessment surveys (i.e., coverage rates over five years in the EU, pre-TAS and mid-term sentinel/spot check site data), in order to be certain that ICT cards purchased by ENVISION would be used in country before expiration, since the cards have a particularly short shelf-life (9 months). ENVISION was able to procure diagnostic tests to meet the needs of all ENVISION countries.

Table 4. Diagnostic procurements supported by ENVISION, April – September 2013

Country	Project	ICT cards delivered	Kato Katz kits* delivered	Brugia Rapid kits delivered
Benin	ENVISION		6	
Guinea	ENVISION		11	
Indonesia	ENVISION			64
Nepal	ENVISION	12,450	2	
Nigeria	ENVISION		170	
Uganda	ENVISION	3,300		
TOTAL		15,750	189	64
TOTAL FY 2013		19,050	238	64
* 400 tests per kit				

In order to manage procurement of both drugs and diagnostics, ENVISION is involved in all aspects of the supply chain, from quantification, assessing applications, ordering, and supplier monitoring. Using quantification tools developed specifically for USAID NTD portfolio procurement, the FY13 TEO, ICT card, and Kato Katz kit applications were updated based on ENVISION's experience. Ordering was handled through the RTI procurement system and was a competitive process, ranking suppliers based on price, registration status, past performance, and lead time. Once an award was made, ENVISION staff worked closely with RTI procurement specialists and central procurement team to place orders and manage supplier communication. RTI procurement also conducted regular supplier monitoring for all ENVISION-procured NTD drugs and diagnostics.

ENVISION maintains close contact with ENVISION country offices and with FHI360 and its subpartner John Snow Inc. (JSI) about registration and waivers to import commodities into USAID-supported NTD countries. ENVISION staff communicates regularly with all parties prior to commodity shipment to ensure that the necessary documents have been sent. In countries where the drug supplier or manufacturer is not registered, ENVISION headquarters and country offices ensure a waiver is in place before bringing the commodities into the country. Once drugs have arrived and been released from customs, ENVISION collects goods receipt notices from the consignee to ensure that the quantity of drugs that arrived matches what was shipped.

LESSONS LEARNED

Importing drugs and diagnostics to countries can present challenges. Shipping documents must be in order and arrive in a timely fashion and clearance agents are often needed to navigate the customs clearance process. MOUs with host country governments have been extremely helpful in ensuring that ENVISION is not held responsible for paying taxes or duties on donated drugs. In addition, ENVISION support for Drug Logistics Officers seconded to the Ministries of Health of Tanzania and Mozambique have facilitated a better relationship between the national NTD programs and

national drug supply chain organizations. In both Tanzania and Mozambique, the Drug Logistics Officer is responsible for assisting with NTD drug quantification, liaising with customs departments and drug authorities, and ensuring the NTD medications move quickly and easily through the national supply chain to their end point.

One particular challenge occurred when ENVISION tried to import PZQ into Ghana under a waiver, as has been done in prior years. In early 2013, the Ghana Food and Drug Authority stopped issuing waivers and required all suppliers to register before importing commodities, including donated drugs. ENVISION has worked closely with its supplier, END in Africa, and the Ghana country program to meet the registration requirement of submitting a bioequivalency study with the drug dossier. ENVISION's supplier conducted a bioequivalency study on the PZQ procured for the April 2013 MDA. At the end FY 2013, results of the study were forthcoming. ENVISION will continue to follow up, with a goal of bringing the PZQ into Ghana by February 2014, for the rescheduled MDA.

4. SUPPORT FOR PROGRAM IMPLEMENTATION

During FY13, ENVISION provided support for national program implementation in 13 countries (Table 5). However, ENVISION staff also started discussions with USAID to restart support in Mali in FY14, where USAID-supported operations had been suspended due to a military coup.

ENVISION supports a range of activities in support of program implementation. Nearly all of the countries implemented strategic planning, advocacy, supportive supervision, capacity building, and M&E with ENVISION support. Most countries also carried out MDA-related activities, including drug logistics and supply chain management, social mobilization, pre-MDA registration, and drug distribution. Countries in the initial phase of program roll-out (Benin, Ethiopia, Guinea, Mozambique, and Nigeria) focused on mapping in addition to MDA. Other countries worked to close the mapping gap (Indonesia, Nepal, Tanzania, and Uganda). Details of activities supported are provided as part of the Country Activity Progress Reports.

Table 5. ENVISION Partner Support by Country, April – September 2013

Country	ENVISION Partner
Benin	RTI International
Cameroon	Helen Keller International
Guinea	Helen Keller International
DRC	RTI International with ENVISION partners
Ethiopia	RTI International with ENVISION partners
Haiti	IMA World Health
Indonesia	RTI International
Mali	Helen Keller International
Mozambique	RTI International, Sightsavers, Helen Keller International
Nepal	RTI International
Nigeria	RTI International, The Carter Center
Senegal	RTI International
Tanzania	IMA World Health
Uganda	RTI International, The Carter Center

FIXED OBLIGATION GRANTS

Following USAID policy, ENVISION uses fixed obligation grants (FOG) to provide funding to national, regional or district host-government entities as well as to local non-government organizations (NGOs) in support of program implementation: strategic planning and advocacy, mapping, training, Information, Education, Communication (IEC) materials, social mobilization, drug delivery, registration, drug distribution, supportive supervision, or M&E. Payments under a FOG are made upon receipt of each approved deliverable. This differs from cost reimbursement grant mechanisms which require review of expenditures to verify allowable costs before payment can be made. Under ENVISION, all FOGs are approved by USAID. In FY13, ENVISION managed a total of 188 FOGs to both NGOs and host governments, see Table 6.

Table 6. ENVISION FOGs Issued in FY13, by Country

Country	FOGs to NGOs	FOGs to Host Governments
Cameroon	6	4
Guinea		22
Indonesia	60	
Mozambique		1
Nepal	5	
Tanzania		57
Uganda		33
Total	71	117

In early FY13, there were some delays in approval of FOGs to host-government entities while approval requirements were clarified. Because FOGs support field activities implemented by the national NTD programs, delays in receiving approval can cause a “domino effect” resulting in delays in a range of program activities throughout the year. Many of these delays are referenced in the Country Activity Progress Reports provided in this section. ENVISION operations staff maintained close communications with the USAID technical team to monitor the approvals process. By March 2013, all FOGs to host-government entities had received USAID approval and planned activities could go forward – but the delay affected roll-out of planned activities for the rest of the fiscal year. In some countries, achievements gained through the use of FOGs may be offset by the logistical complications that develop as a result of the approval process. Delegating authority to the USAID AOR to approve FOGs to governments would streamline the process and eliminate uncertainty about the length of time to receive approval.

CAPACITY BUILDING IN FOG MANAGEMENT

Use of FOGs at the district level further encourages country ownership because the responsibility of managing funds and activities is transferred from the central MOH to the lower levels of government, accountable for implementation. Throughout the reporting period, ENVISION staff provided training both through formal facilitation and through one-on-one consultations with district/provincial staff on topics such as grant management, preparing detailed budgets, technical reporting requirements, and the development of milestone schedules. In July 2013, the ENVISION Indonesia team delivered a two-day training to grantees to strengthen their knowledge and capacity in grants management, the ENVISION program, and USAID rules and regulations.

As governments and local NGOs become more familiar with FOGs as a contractual mechanism, the time required to execute the grant has generally shortened. The initial investment of training,

assistance and oversight by RTI and its partners also often generates process improvements. For example, based on experience using FOGs in Uganda, we have made adjustments to grant agreements such the addition of more deliverables and more detailed report templates. These changes have been implemented over time resulting in enhanced oversight and reporting. Districts have adjusted fairly well, which is an indication of improved planning. In countries such as Indonesia, ENVISION has been required to work through the central MOH to plan and obtain budget inputs. This has resulted in a lengthier process to finalize FOGs. Recently the central MOH has agreed to allow ENVISION to work directly with the districts, which should result in a more efficient process.

NATIONAL PROGRAM IMPLEMENTATION

During FY13, 10 countries conducted MDA with ENVISION support, and an 11th country, Indonesia, began MDA preparations. All Intermediate Results are provided by country in Appendix D. Preliminary data from the results received to date show that **72.1 million treatments** were delivered to **40.8 million people** in **420 districts** with support from ENVISION. Final FY13 numbers will increase substantially as MDA is ongoing in some countries and data is outstanding in others.

One measure of performance in USAID-supported countries is program coverage, defined as the proportion of persons treated with USAID support of the eligible population targeted with USAID support. ENVISION's target is to reach 80% of the eligible population targeted (i.e., 80% program coverage). Overall, in areas where treatment results have been received to date, the target program coverage was achieved for LF, OV, and trachoma. Total program coverage reported to date was lower than expected for SCH and STH. Reasons for high and low coverage can be seen in the Country Highlights section.

Important Note: Due to the annual program implementation cycle, **all NTD program and epidemiological data in this report are presented within the context of the full program year** in order to provide a more meaningful picture of outputs and impact of ENVISION-supported activities in FY13. **Country Activity Progress Reports and other narrative sections report on ENVISION activities conducted during the semi-annual reporting period, April-September 2013.**

TRACKING PROGRESS TOWARDS CONTROL AND ELIMINATION GOALS

While tracking performance on targets from year to year, ENVISION also tracks a country's progress towards control and elimination goals by collecting data on the number of districts where criteria for stopping MDA has been stopped. See figures 3 and 4.

Figure 3. Progress towards LF Elimination: Achieved Criteria for Stopping MDA for LF

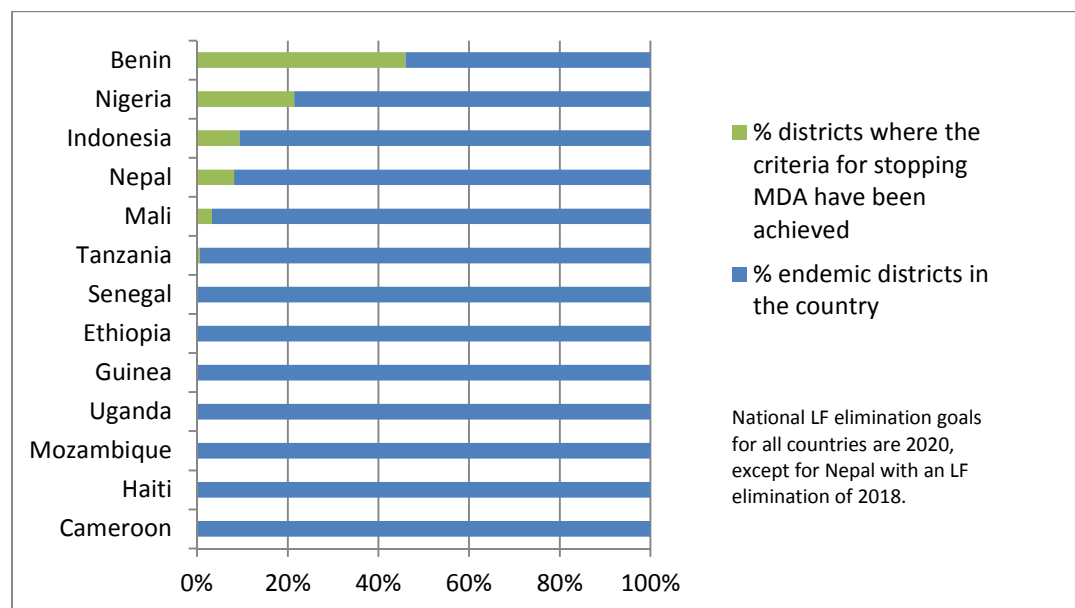
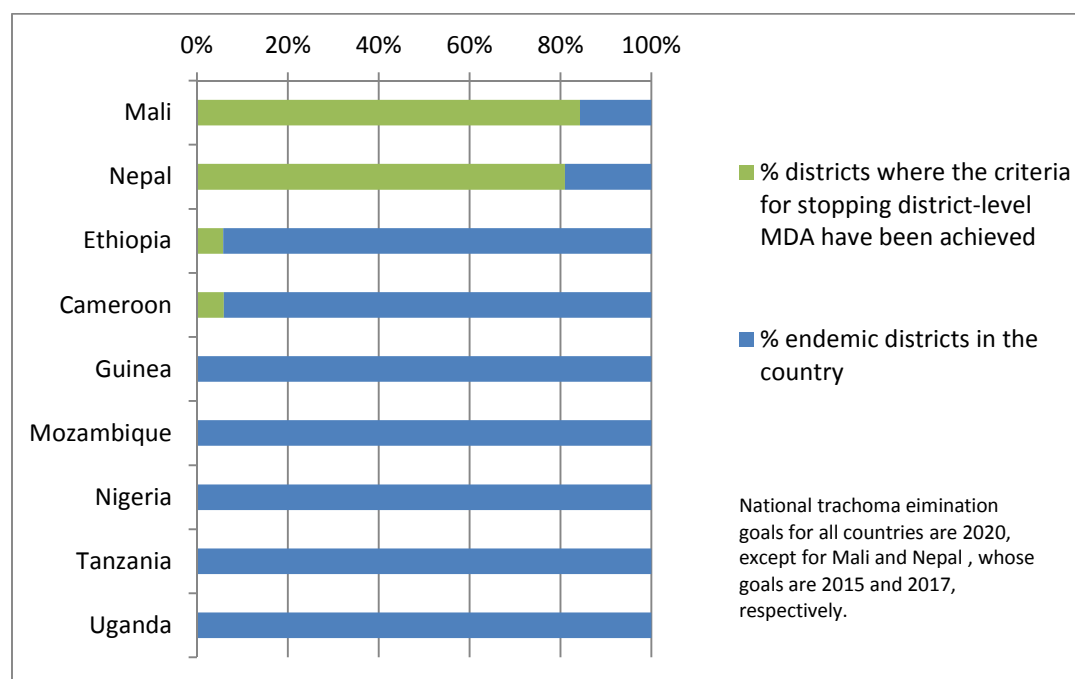


Figure 4: Progress toward Trachoma Elimination: Achieved Criteria for Stopping District-Level MDA for Trachoma



TOOL FOR UNDERSTANDING PROGRESS TOWARDS CONTROL AND ELIMINATION GOALS

ENVISION has created an infographic customized for each ENVISION-supported country to aid the reader in 1) understanding progress towards NTD control and elimination for each targeted NTD in countries/regions supported by ENVISION and 2) appreciating how ENVISION assistance will help countries advance in reaching their control and elimination goals.

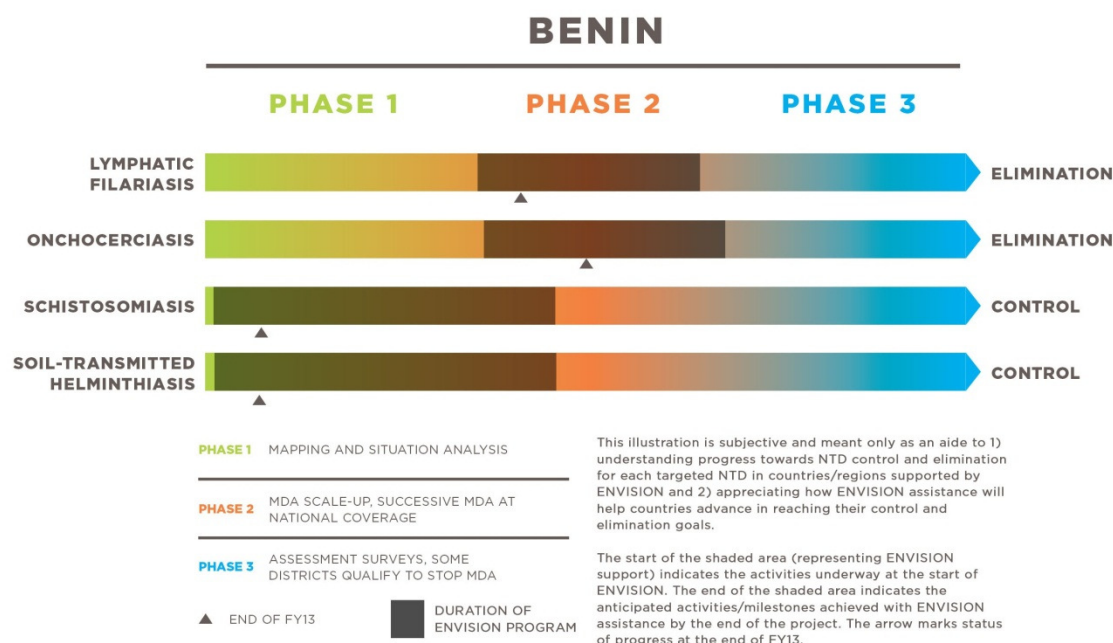
A country-specific infographic can be found at the beginning of each of the Country Activity Progress Reports located in the section following. Please keep in mind a few caveats with regards to the infographics –

1. The information represented is subjective and meant only as a guide in understanding the “big picture” for meeting long term goals in NTD control and elimination.
2. In some countries, ENVISION does not support MDA for all endemic PC NTDs. In such a case, the infographic does not include those PC NTDs not targeted by ENVISION.
3. In some countries, ENVISION does not support MDA in all endemic areas. In such a cases, the infographic does not include those regions/districts not targeted by ENVISION.
4. ENVISION supports activities that strengthen NTD control and elimination that may not have a direct effect on impact, e.g. support for M&E, strategic planning, logistics. These activities, while also important, are not captured as part of this infographic.

ACTIVITY PROGRESS REPORT - BENIN

Targeted NTDs: LF, OV, SCH, STH and trachoma

Reporting Period: April-September 2013



BACKGROUND

Benin established the National Program for the Fight against Communicable Diseases (PNLMT) in 2007. The PNLMT works closely with the Ministry of Education, the Ministry of Energy and Water and the Ministry of Communication. The National Committee of NTD Control ensures that all the activities of the various departments are synchronized for integrated control of NTDs. This includes vector control management, hygiene and sanitation activities, insecticide-treated nets distribution and school latrine construction.

ENVISION began working to support NTD program activities in Benin in FY13 after the work plan was approved in February 2013. In April, ENVISION helped to support the launch of the Master Plan (2012-2016) recognizing the partnership of the Benin and U.S. government in NTD control and elimination. This important advocacy event served as a starting point for NTD activities.

Benin uses both community and school-based MDA for drug distributions. All mapping for LF and oncho has been completed. Mapping for SCH and STH has been conducted in 8 target communes the North and 13 others from the same ecological zones where prevalences have been extrapolated for treatment in 2014 with ENVISION support. The need for trachoma mapping is still being assessed by the PNLMT.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Advocacy targeting political decision-makers, partners and community leaders for increased commitment and mobilization of resources to tackle NTDs
- Launch of the NTD Master Plan and efforts to increase participation of partners and other development sectors including ministries and local authorities.
- Support the organization of the national NTD review meeting Strengthen the data management system
- Conduct STH mapping in 8 communes; assess the need for trachoma mapping in the northern part of the country
- Train MOH personnel at central and peripheral levels and CCDs involved in the MDAs
- Support oncho MDA in 51 endemic communes; LF MDA targeting in 25 endemic communes

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- The official launch ceremony of the Master Plan was held on April 12th and was presided over by the Minister of Health
- Conducted mapping for SCH and STH in 8 health districts (Bembèrèkè, Kalalé, N'Dali, Kérou, Péhunco, Natitingou, Copargo and Ouaké). All the districts were found endemic for STH; 6/8 were found endemic for SCH
- Held community sensitization meetings in all the departments targeted for mapping and/or MDA
- Took preliminary steps for assessing the need for trachoma mapping, contributing to a decision to map all the 27 communes of the Northern Benin in 2014
- Conducted training sessions at all levels in 9 targeted health departments for mapping and/or MDA.
- Produced IEC materials and data collection tools (treatment registers, T-shirts, posters) for SCH and STH school based MDA and the LF and Oncho community MDA in May 2013
- The PNLMT team and the RTI team contributed to a joint strategy to carry out synchronized activities in respective borders at the regional cross border meeting to fight against Onchocerciasis held in Kara, Togo.
- Conducted Microfilaria (Mf) LF studies through collection and examination of blood films in five communes. Mf levels are still higher than 1% in two of the five communes (Quinhi and Zangnanando).
- Conducted epidemiological surveillance of onchocerciasis by skin snip biopsies in July 2013 in 10 sentinel villages
- Conducted post MDA coverage survey in the 8 communes targeted for STH and SCH. The average therapeutic coverage was below the 80% required by WHO in 2 ecological zones (Bembèrèké-N'dali-Kalalé (75.93%) and Copargo-Ouaké (72.09%). This figure was better in Natitingou-Kérou-Péhunco (82.10%)
- Conducted in-country training in ENVISION M&E online data system
- Community MDA of IVM and ALB began on September 23rd 2013, targeting 51 health districts for oncho and 25 districts for LF.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- ENVISION work planning occurred after many of annual activities were underway – due to timing of when USAID support for NTDs in Benin began. We anticipate better coordination in planning and implementation in Year 2 of ENVISION support in Benin.
- Payment for Community Drug Distributors (CDDs) was delayed following the MDA for several reasons. A census of all actors involved in drug distributions was initiated. This caused delay in the payment of per diem. Submissions of bank statements after payments of per diem were also delayed because of difficulties or reaching CDDs in some remotes areas of the country and also because of poor internet connectivity.
- Unexpected delays in delivery of Mectizan. MOH took care to resolve issue with freight forwarder but it has raised concerns regarding administrative procedures and the issue of taxes for donated drugs.
- Preliminary results show that the program coverage for MDA is lower than the target; however, since this was the first time the national program conducted MDA in these districts, it is anticipated that coverage will increase in following years. Also, MDA was implemented at the end of the school year when school attendance was low; next year, it will be scheduled earlier, to take advantage of higher attendance rates and therefore a greater likelihood of achieving adequate coverage.

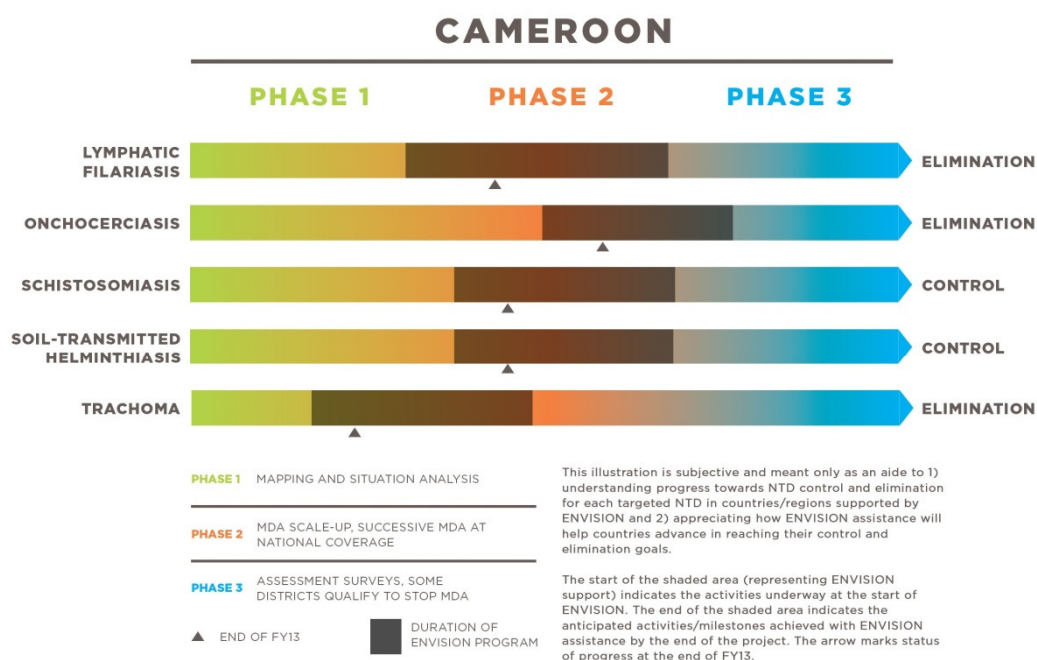
NEXT STEPS

- Annual Stakeholders NTD National review and planning meeting in October 2013
- Post MDA coverage surveys for the Oncho and LF FY 2013 MDA campaign
- Annual monitoring of drugs and reagents (Central, Departments and Health Zones)
- Completion of the FY 2013 disease and program workbooks
- Transmission assessment survey (TAS) post MDA in 23 communes which stopped treatment for LF in 2012 - March 2014
- TIPAC Training in February 2013
- Data Quality Assessment (DQA) in March 2013
- Development of integrated advocacy plan
- Drug logistic and supply chain management November 2013 to February 2014
- Production of IEC materials from January to May 2013
- School-based MDA February 2014
- Community MDA including supervision from May to July 2014

ACTIVITY PROGRESS REPORT - CAMEROON

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: October 2012-March 2013



BACKGROUND

Onchocerciasis is endemic in 111 health districts and more than 60% of the population lives in at-risk communities. LF is endemic in 158 districts, but due to co-endemicity with Loa Loa is only treated in 134 health districts. Schistosomiasis is endemic in 134 health districts to various degrees; about 17million people are considered to be at risk, 5 million of them are school-aged children; treatment is planned in 78 districts. Intestinal worms are endemic throughout the country, but to different degrees with schoolchildren (5 to 15 years) being most affected and thus treated once or twice annually. Trachoma is currently being treated at district-level in 16 health districts; 13 in the Far North and 3 in the North region.

The National NTD Program in Cameroon is led by a part-time focal point within the MOH who coordinates activities of the vertical disease programs. The MOH works in partnership with Helen Keller International who is the lead recipient of ENVISION funding, as well as Sightsavers, Perspectives, and the International Eye Foundation. The partner NGOs each oversee various regions of the country while HKI also provides grant management and technical oversight to ENVISION project overall.

Due to Loa loa endemicity in many of the districts, MDA for LF has not been able to reach national scale. With the new WHO recommendation to implement MDA with ALB twice per year, combined with vector control, in areas co-endemic for Loa loa and LF and where oncho is non-endemic or hypo-endemic, it is hoped that Cameroon will be able to reach full geographic coverage for LF in the coming years.

Cameroon has had a longstanding national school-based deworming program, and USAID has supported these efforts for the past three years. Recent surveys have shown that MDA may not be required in some of the areas where prevalence is low; the STH strategy will be reviewed in light of this evidence, also taking into consideration scaling down LF and maintaining schisto and STH treatment as needed. .

To-date, baseline mapping has been completed across the country which is an enormous achievement, geographic coverage has scaled-up to 100% except for LF in the loa loa endemic areas, and some districts are reaching the point where they are eligible to begin the assessments for stopping MDA.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Support the MOH NTD control coordination structure in the finalization, adoption and dissemination of the NTD Master Plan, advocating for a budget line item for NTDs, and encouraging the development and provision of an annual work plan.
- Support the MOH in planning integrated NTD control activities in each region and at central level, and in organizing advocacy and social mobilization meetings at all levels. HKI-Cameroon will work to strengthen partner capacities at all levels for the implementation of NTD control activities.
- Work with the national program in supervising all MDA activities in schools and communities, including MDA monitoring activities in communities, Pre-TAS survey in 5 health districts in the North and Far North regions, a coverage survey in Far North and East regions, and annual review meetings at regional and national level. National NTD Control Program activities include –
 - Treating all school-aged children (5-15 years) with PZQ in 78 health districts and high risk adults in four of these districts.
 - Treating everyone over 5 years of age with Zithromax tablets, children between 6-59 months with syrup and children under 6 months with tetracycline eye ointment in 16 health districts of North and Far North regions.
 - The program will treat 80% of the total population targeted communities with IVM + ALB where LF is endemic, and will treat 80% of the total population with IVM targeted communities where onchocerciasis is endemic. Because of co-endemicity with loiasis, 24 health districts endemic for LF will not be treated.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Held regional integrated planning meetings in Adamawa and West regions in April 2013;
- Implemented school based deworming activities from April to May 2013
- Conducted training of health staff and CDDs in the Central, South, Far North, Littoral, North, Adamawa, North West and Southwest regions in March and April 2013;
- Supported regional level advocacy meetings in the South, littoral, West, South-west, North-west and Adamawa in March and April 2013;
- Supported sensitization and social mobilization meetings in Centre, South, Far- North, Littoral, North, Adamawa, North- West and South- West in March and April 2013;
- Supported LF and oncho MDA against in the Central, South, Far North, Littoral, North, Adamawa, North West Southwest West regions during May-August 2013. Results are pending
- Held regional MDA review of 2013 and planning for 2014 activities in East region in July 2013;
- Supervision of MDA activities from March to July 2013;
- Completed monitoring and data collection in Center, North, Far-North, Adamaoua, South, and Littoral from May to August 2013;
- Trachoma MDA began in North and Far-North regions in August 2013 and is ongoing;
- Conducted Pre-TAS activities in 5 districts: Ngong, Mokolo, Poli, Tchollire and Rey-bouba;
- Supported regional review of 2013 activities and planning for 2014 in Center, North, Far-North, Adamaoua, South, and Littoral regions in September 2013;
- Data collection for coverage surveys in East and far-North region began in September 2013
- Post campaign monitoring in East and Center regions conducted in August-September 2013

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Annual review meetings in regions have noted the existence of missing data in several districts. Additional data collection will be carried out to fill the gaps.
- Preliminary treatment results were reported in only 60 of the 181 districts treated. The annual review meeting will be held in November, and final results are expected soon after. Data received to date show high program coverage for LF and OV. Coverage for SCH and STH varied across the districts, largely due to inaccurate population projections that are used to determine the denominator and insufficient quantities of PZQ. Additionally, with the delay in FOGs, the scheduled school-based MDA was delayed until late in the school year, when teachers are focused on end-of-the-year responsibilities
- Data disaggregated by age and sex for each district are not yet available. Once the data become available during the central level review meeting, they will be included in the workbooks and submitted to M&E team.
- Due to a delay in implementation, the national annual review of 2013 and planning for 2014 scheduled in August has not occurred. This meeting is now scheduled for October 2013.
- Coverage surveys in the East and the Far North regions set to begin in May were delayed until September due to negotiations on the protocol and budget.
- While the government has successfully financed drug transportation, treatment of side effects, and the payment of CDDs for distribution, CDD payment has not been consistent.

A network of NGO partners have been working to advocate for more consistent government funding

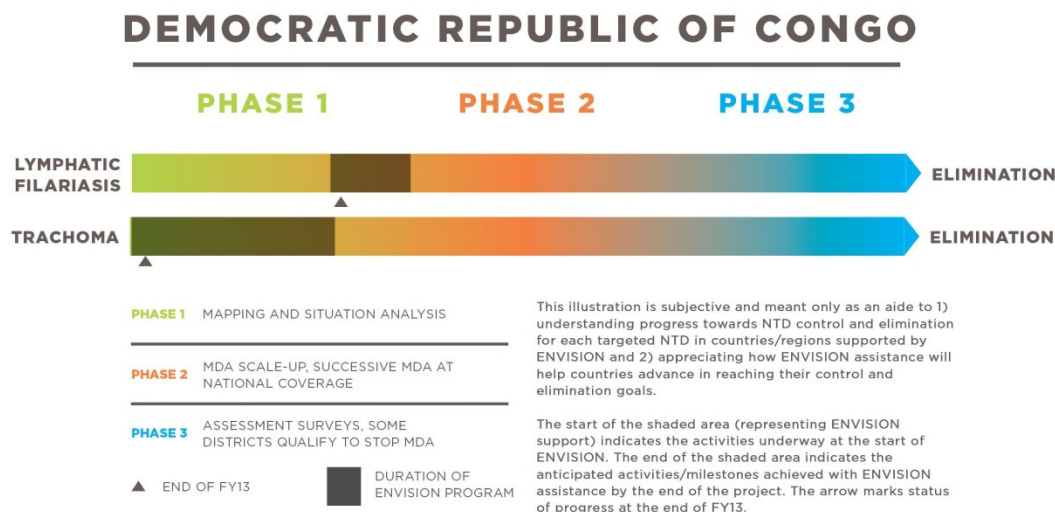
NEXT STEPS

- Regional annual review and planning meetings for the South-West, North-West and West regions
- National annual review and planning meeting
- Completion of the 2013 disease workbook
- Review of PNLSHI national strategic plan in November 2013
- TAS in North and Far North region on March 2014
- Trachoma impact survey in 7 districts in the Far North region January and February 2014
- TIPAC Training on November 2013
- Development of integrated advocacy plan on November 2013
- Drug logistic and supply chain management From December 2013 to February 2014
- Production of IEC materials from November to December 2013
- NTDs MDA launching ceremony on February 2014
- Regional, district and community level advocacy meetings from January to March 2014
- School-based MDA February 2014
- Community MDA including supervision in the East region from February to March 2014
- Supervision of school-based February and March 2014
- Training of health personnel and CDDs of community-based MDA in January – February 2014
- Training Health staff and Teachers for School-based MDA on January 2014
- Training in Severe adverse event (SAE) case management in 8 regions January to February 2014

ACTIVITY PROGRESS REPORT - DEMOCRATIC REPUBLIC OF CONGO

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: April-September 2013



BACKGROUND

The National Coordination for Integrated NTD Control was established in 2009, overseeing the National Onchocerciasis Control Program (PNLO) and national programs for LF, SCH-STH, and trachoma, as well as programs addressing ICM-NTDs (Leprosy, human african trypanosomiasis, Buruli Ulcer, and Guinea worm). At the present time the PNLO is the lone PC-NTD program implementing PC, however loiasis co-endemicity in several provinces has presented challenges for the program. The MOH plans to expand the PNLO's existing community-directed treatment with ivermectin (CDTI) projects to address the other PC-NTDs, with the projects to be represented within anticipated Provincial Steering Committees as part of the MOH's overall Health System Strengthening Strategy.

Substantial mapping needs to be completed in order to provide a clear epidemiological map for NTDs. The MOH is conducting mapping for LF and SCH-STH with support from the Centre for Neglected Tropical Disease (CNTD); mapping of OV will be supported by APOC, and mapping of trachoma will take place when resources are available.

FY13 marks the first year ENVISION began working to support NTD control and elimination in DRC. To date, work has focused on establishing ENVISION country support and work planning for FY14.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Conduct TIPAC training and implementation with MOH and key partners (May-June 2013)

- FY14 work planning with MOH and ENVISION partners
- Recruit ENVISION project staff (RPA and Finance Manager)
- Secure office space

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Solicited and received expressions of interest from ENVISION partners to support MOH mapping and implementation in specific provinces, and development of IEC and training materials. RTI provisionally designated partners to provide support in specific provinces. Actual task orders will depend on RTI's planning with the MOH and on budget availability.
- Conducted TIPAC training in May-June 2013. MOH Coordinators, WHO/APOC, and CBM participated for the entire two weeks; other NGOs attended part of the time.
- Conducted FY14 work planning with the MOH in July-Aug 2013. For the first time, the MOH a) shared available LF-SCH-STH mapping data, incorporating information on oncho and loiasis co-endemicity, and b) articulated a costed, time-bound plan involving the range of PC-NTDs. Through RTI's assistance with the TIPAC and work planning, the MOH prepared its first proposal for integrated control of PC-NTDs which includes the gradual roll-out of integrated MDA in provinces as they are mapped, and a pilot phase focusing on three provinces that have been mapped and that have limited co-endemicity with loiasis (Katanga, Kasai Occidental, Kasai Oriental).
- Promoted better coordination between USAID and DFID funded activities in DRC. Parties agreed on open sharing of information; DFID/UK and USAID/W will coordinate with their respective missions in DRC; and the partners listed their current and expected activities, agreeing that if one party supported a given activity the other parties would refrain from duplicative support.
- Recruited a Resident Program Advisor and Finance Officer, to start in FY14.
- Identified suitable office space in Kinshasa for RTI staff to lead ENVISION, starting in FY14.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Lack of a national roadmap: the MOH's NTD framework plan (2012-2016) does not delineate a clear strategy or timeframe for activities. MOH's proposal for integrated control should provide national direction.
- NTD programs within the MOH do not have a history of working together and collaborating.
- MOH did not share data from ongoing LF-SCH-STH mapping (supported by CNTD) with RTI/ENVISION until July 2013. The MSP has verbally agreed to publicly share mapping data at its upcoming partners meeting in 2014.
- Delays in ENVISION's work planning with the MOH and partners due to coordination discussions between USAID and DFID, on activities to be supported.
- Funding allocations for work in DRC came late in the process, and were less than anticipated. Funds will not be sufficient to support MDA.

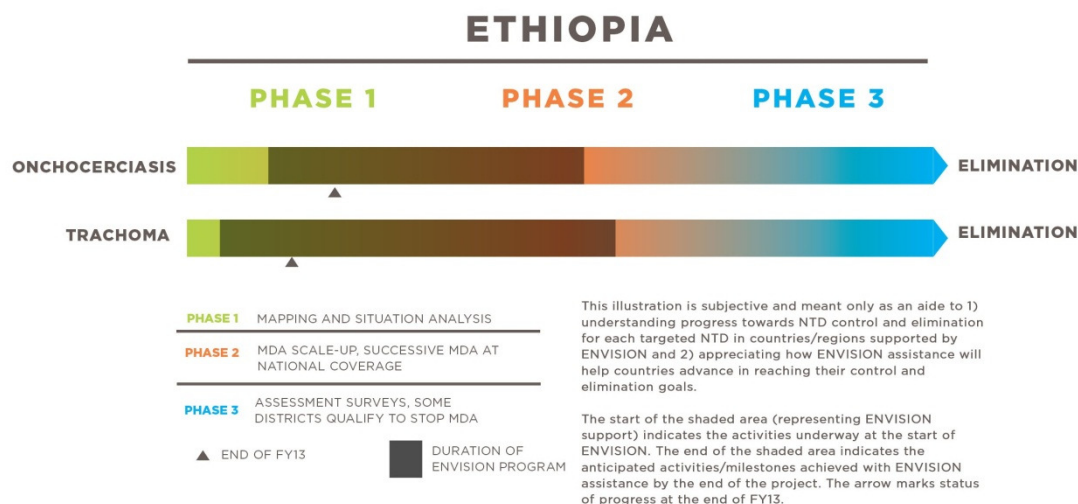
NEXT STEPS

- Onboard ENVISION staff in Kinshasa providing training and orientation in awards management and USAID rules and regulations
- Provide support for TIPAC implementation, national and provincial level program planning
Support development, printing, and distribution of MOH advocacy booklet on NTDs
- Support media & advocacy training for MOH, key partners, and local journalists
- Support mapping activities for trachoma
- Work with MOH to develop, pre-test, and validate IEC materials for integrated PC-NTD control
- Capacity strengthening in MOH's NTD program for integrated NTD control
- Improve M&E for NTD program activities with support for training and better mechanisms for reporting

ACTIVITY PROGRESS REPORT - ETHIOPIA

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: May 14, 2013 – September 30, 2013



BACKGROUND

The Ethiopia Federal Ministry of Health (FMOH) carries out many of its health initiatives through the Health Extension Program which includes an integrated set of 16 health packages. The government has deployed approximately 34,000 health extension workers who are government-salaried, trained, community-based health workers. NTD program planning is implementing using this existing platform, with drug forecasting and activity planning integrated into annual woreda-level micro-planning.

With the launch of its Master Plan in June 2013, Ethiopia aims to scale up interventions for OV/LF, SCH/STH and trachoma (using the SAFE strategy) to all endemic districts by 2015. Aggressive plans to complete disease mapping are now underway, with assistance from USAID and DFID funded partners. MDAs are being implemented in regions but need to be taken to scale. Several partners are working to assist the government in reaching these targets. Due to the size of the country, however not all endemic woredas yet have external support. The anticipated creation of a National Task Force for NTDs will be critical for strategic and integrated planning of resources going forward.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Meet with Ethiopia FMOH, USAID Ethiopia and NTD stakeholders to introduce ENVISION and determine ways in which ENVISION can support current and future activities

- Determine program implementation areas of support
- Support the FMOH to host the Ethiopia NTD Symposium in June
- Hire Resident Program Advisor and Finance Manager

The FY13 ENVISION work plan was finalized and approved by USAID in July 2013 and focused primarily on 1) support for full implementation of the SAFE strategy as part of “MalTra Week” in 156 of 167 districts in all 10 zones of the Amhara region, and 2) trachoma impact surveys in 41 woredas, also in the Amhara region. Assistance was provided by The Carter Center.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Finalized ENVISION work plan for The Carter Center to support a number of trachoma related activities in the Amhara region from May-September 2013.
- Supported the National Symposium on NTDs and the official launch of the National Master Plan on June 12-14th. All of the regions were represented as well as a multitude of local and international NGOs.
- The first ENVISION-supported MDA occurred in Ethiopia in May 2013, reaching all of the 70 targeted woredas for distribution of Zithromax and tetracycline eye ointment for trachoma. MDA was integrated with malaria control testing and treatment through the “MalTra Week” campaigns, a twice-yearly effort that covers half of the Amhara Region with azithromycin (Zithromax) and tetracycline treatment for trachoma, rapid diagnostic testing for those with fevers and treatment for those positive for malaria, and health education for both diseases. Program coverage was high and exceeded 80% target for 68 of the 70 districts treated. A coverage survey implemented in the zone showed that surveyed coverage was actually higher than reported coverage. This suggests that the population registered did not include all the individuals in the area, and therefore treatment was likely underreported—including in the two districts that didn’t achieve the reported coverage target. Going forward, efforts will be made to strengthen the registration process in order to get a more accurate numerator and denominator.
- Conducted trachoma impact survey in 41 woredas of West Amhara. Out of the 41 surveyed woredas, four woredas met the WHO elimination target of less than 5 percent TF among children 1-9 years of age.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- ENVISION and USAID’s NTD program was unfamiliar to Ethiopian officials and USAID Ethiopia mission. Several meetings and discussions were needed to introduce the program, learn the needs of the country and determine best ways in which ENVISION could support the country’s goals for NTD control and elimination.
- Discrepancies between the reported MDA coverage and post MDA surveys indicate under and over reporting, as well as poor recording, which are issues for the program to address to ensure accuracy and to enable the program to take measures to rectify any problems in drug distribution.
- Health education was not implemented in schools during the grant period, as students were on summer leave.

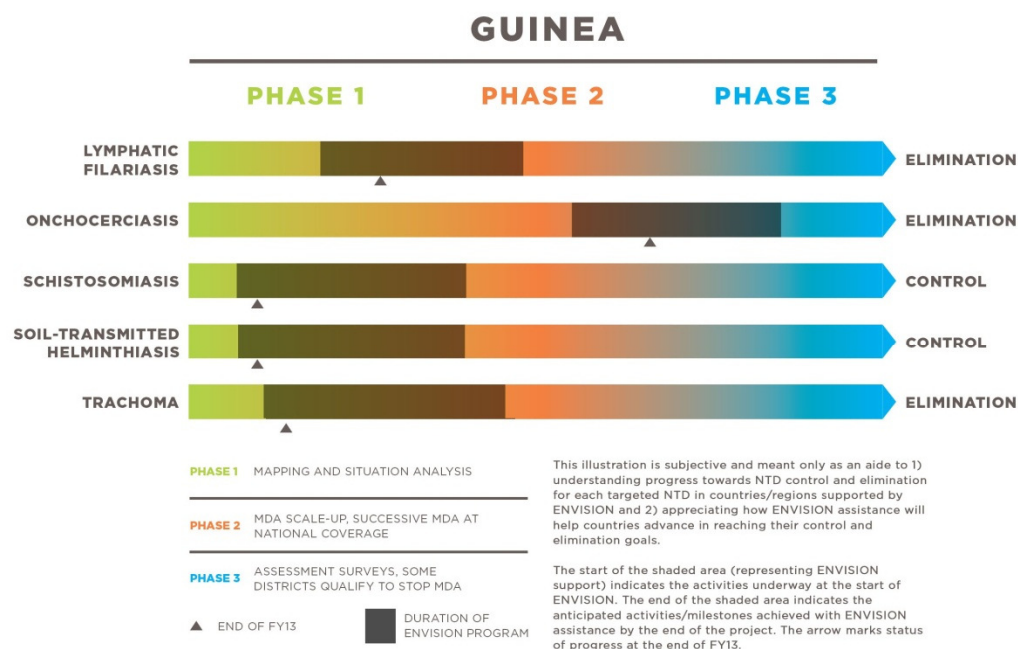
NEXT STEPS

- Dissemination of the results of trachoma impact surveys conducted to date.
- Address gaps in the national implementation plan with the FY14 workplan, focusing on trachoma and oncho
- Continue working with the FMOH on range of activities including implementation of the TIPAC, WHO integrated database, STH/SCH action plan, media sensitization plan, updated Trachoma Action Plan according to completed Global Trachoma Mapping Project (GTMP) results, and support for various workshops and meetings.

ACTIVITY PROGRESS REPORT - GUINEA

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: April – September 2013



BACKGROUND

Guinea is making progress towards 2020 goals for control and elimination. All baseline mapping is to be completed by the end of FY 2014. MDA for OV, SCH and STH has been implemented in many health districts but scale-up is needed in order to reach national coverage. Notably, Guinea conducted its first MDA for trachoma in June 2013 in two health districts and plans to expand to nine districts in FY 2014. LF MDA will begin for the first time in the history of Guinea in FY14.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Improving knowledge of the NTD epidemiological profile in Guinea
- Strengthening capacity at the central, intermediate, and peripheral levels, including provision of research materials, medical equipment, and office supplies to support program coordination and surveillance and to improve performance;
- Support advocacy activities targeting policy decision-makers, partners, and community leaders for increased commitment and resource mobilization to tackle NTDs; and
- Support MDA implementation in compliance with WHO guidelines

- Establish sentinel sites for LF in districts that have not yet begun treatment; conduct onchocerciasis epidemiological assessments in districts that have been treated for at least 15 years or more

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Trachoma mapping conducted in nine health districts (Kankan, Kérouané, Mandiana, Siguiri, Beyla, Gaoual, Koubia, Mali, and Tougué) in May–June 2013
- SCH-STH mapping conducted in 17 health districts (Dixinn, Kaloum, Matam, Matoto, Ratoma, Boké, Boffa, Gaoual, Koundara, Fria, Coyah, Dubréka, Kindia, Téliélé, Lélouma, Lola, and Yomou) in May–June 2013
- LF mapping conducted in four health districts (Kindia, Kindia, Labé, and Siguiri)
- Provided support for Trachoma MDA in two health districts (Faranah and Kissidougou)
- Conducted LF microfilaria baseline study in seven sentinel sites through collection and preparation of nocturnal blood films
- Conducted epidemiological surveillance of onchocerciasis through skin snip biopsies in 28 sentinel villages across 8 health districts (Forécariah, Gaoual, Kindia, Mamou, Faranah, Koundara, Kankan, and Kérouané)
- Activity outcomes and plans for the following year presented during the Regional Technical Committee of Health meetings in Labé, Faranah, Kankan, and N'Zérékoré in September 2013, which is the team that oversees all health activities of the respective regions
- Supported travel for (PNLOC/MTN) program managers to Niger in April 2013 to learn from experience of the integrated NTD program there.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Twenty-one districts were targeted for MDA with USAID support in FY13. However, due to a number of reasons, including late arrival of drugs, socio-political issues in the country, late FOG approval, and the rainy season when drugs and funding became available, many districts were not treated. These districts will be treated in FY14, and counted towards FY14 results. One of the districts that was treated had satisfactory program coverage, while the other was slightly below the target.
- The Republic of Guinea will hold legislative elections on September 28th, 2013. The socio-political climate following the elections will have a large impact on program progress and scaling up in FY14.

NEXT STEPS

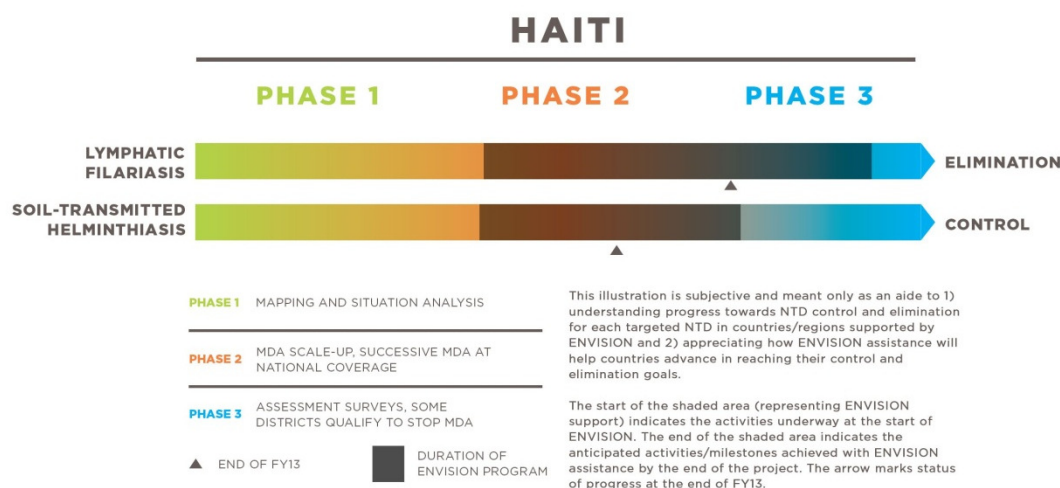
- Participate in the Mano River Union meeting in Freetown, Sierra Leone in October 2013.
- LF MDA in four health districts (Guékédou, Dabola, Dinguiraye, and Koundara) in November 2013.

- Trachoma MDA in nine health districts (Faranah, Kissidougou, Dabola, Dinguiraye, Kankan, Kérouané, Kouroussa, Siguiri, and Mandiana) in March 2014.
- Complete the baseline mapping of NTDs
 - Seven health districts for SCH-STH (Pita, Dalaba, Mali, Tougué, Koumbia, Siguiri, and Dinguiraye) in November 2013;
 - Eight health districts for trachoma (N'Zérékoré, Lola, Macenta, Guéckédou, Lélouma, Labé, Pita, and Dalaba) in November 2013.
 - Seven health districts for trachoma (Mamou, Boké, Fria, Boffa, Forécariah, Kindia, and Téliélé) in February 2014.
- Conduct the LF microfilaria baseline study in 11 sentinel sites (Tougué, Mali, Kindia, Siguiri, Macenta, Forécariah, Lélouma, Kankan, Mamou, Beyla, and Téliélé) in November 2013.
- Organize the National NTD Day in January 2014

ACTIVITY PROGRESS REPORT - HAITI

Targeted NTDs: LF, STH

Reporting Period: April 1- September 30, 2013



BACKGROUND

The Haiti Neglected Tropical Disease Control Program (HNTDCP) is a joint effort between the Ministry of Health and Population and the Ministry of Education (MENFP) to eliminate and control lymphatic filariasis and soil transmitted helminthes in Haiti. USAID has provided support for NTD control and elimination activities in Haiti since 2007. Collaborating partners include World Health Organization/Pan American Health Organization (WHO/PAHO), the Centers for Disease Control and Prevention (CDC), University of Notre Dame (UND), CBM Worldwide, Partners in Health and GSK.

In 2012, Haiti achieved national coverage and all communes were covered under the Haiti NTD Control Program. Due to a gap in funding, national coverage did not continue in 2013 and 13 communes were untreated at the time of this report. The country has made good progress on implementing MDA with high coverage, and in FY 2014, it is expected that 5 departments (Artibonite, Nippes, North, Northwest, and Southeast) will be ready for TAS.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- IMA to collaborate with the MOH and MENFP and all program partners for successful implementation of the HNTDCP, specifically in 8 of the 10 departments.
- Establish 1 new sentinel site and spot check site in the Northeast department (Caracol)
- Conduct TAS in 3 evaluation units based on recommendations from MOH/CDC.
- Conduct coverage surveys to confirm reported coverage and explore reasons for non-compliance.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Trained CDDs in the Northeast, Nippes, Southeast, South, and Grand Anse departments
- In FY13, ENVISION continued supporting 106 districts for MDA in Haiti. The minimum reported 65% epidemiological coverage for LF was achieved for all but one of the districts. The program also successfully treated at least 75% of the SAC for STH in 94 districts.
- Sentinel site in Port de Paix and spot check in Jean Rabel; data analysis currently ongoing
- Conducted coverage surveys in 10 Communes; data cleaning ongoing
- Organized partner meeting and advocacy event in Washington, DC, along with other key partners. The partner meeting included a discussion of the funding situation for Haiti's NTD program in 2014 and beyond. The advocacy event featured representatives of the MOH and MENFP who gave presentations about the HNTDCP and answered audience questions. ENVISION also recorded interviews with the representatives for the ENVISION website.
- Attended TAS training in Haiti conducted by CDC for the MOH and partners
- Held planning meeting with departmental and communal levels in the Northwest, North, and Artibonite departments
- Conducted refresher training for the community leaders (CLs) in the Northwest, North, and Artibonite departments
- Conducted refresher training for the Promoters in the Northwest and North departments

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Refresher training of the Promoters and Social Mobilization in the Northeast, Nippes, and Southeast departments was delayed due to a delay in the transfer of funds from RTI to IMA. Training at the communal level of the MOH moved forward and funds were then issued by RTI.
- The cost of the posters used to sensitize the population increased unexpectedly compared to the amount budgeted. As a result, fewer posters were printed was reduced.
- Currently, training data is not disaggregated by sex for CDDs. ENVISION will be tracking and reporting disaggregated data in the next reporting cycle.
- MDA coverage did decrease in some districts between FY12 and FY13. Based on feedback from community leaders after the MDA, some communes, including Acul du Nord, Jean Rabel, Sainte Suzanne, and Desdunnes, had lower coverage this year due to the late start of sensitization activities particularly with the radio and TV broadcasts. One strategy planned for FY 2014 is to add a 1-2 more distribution posts in some areas to increase visibility of the MDA.
- Unable to complete TAS because ICT cards arrived late and were not released from customs for some time. TAS will be started in February 2014 in Nippes and Southeast department, then continued in North, Northwest, and Artibonite departments in July/August 2014.

NEXT STEPS

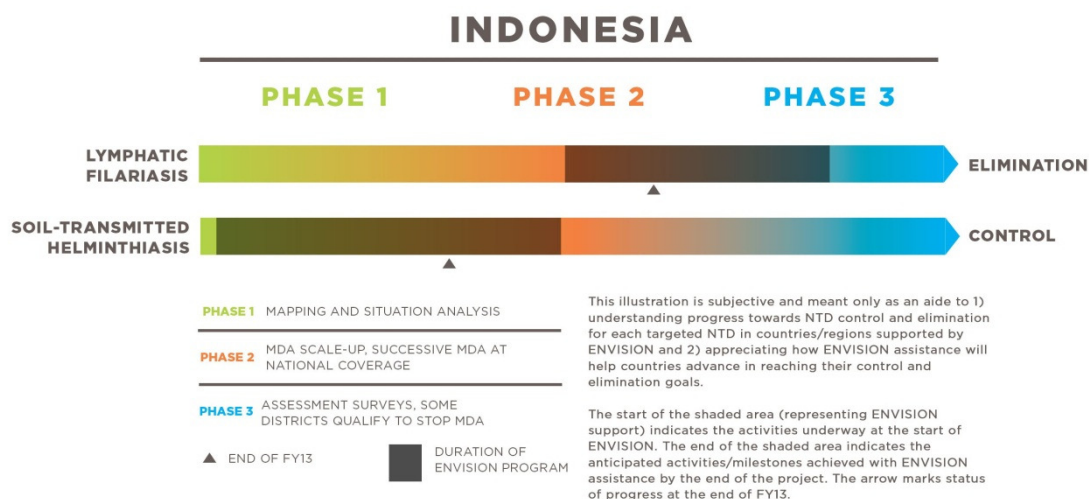
- Prepare for October/November MDAs including training, transportation of materials/drugs in the North, Northwest, and Artibonite Departments
- Hold planning meetings with the MOH communal heads of Gonaives and Arcahaie, which will receive ENVISION support for the first time in FY 2014

- Train the CLs and Promoters in Gonaives and Arcahaies Communes
- Prepare for January MDAs including transportation of materials/drugs to Gonaives and Arcahaie.
- Recupérate remaining MDA materials and receipts from the North, Northwest, and Artibonite departments
- Work with MOH and program partners to update the TIPAC
- Distribute TOMS Shoes in 3 departments
- Conduct pre-TAS sentinel and spot checks in the Southeast and Nippes departments
- Conduct mid-term sentinel sites in the South, Grand Anse, and Northeast departments

ACTIVITY PROGRESS REPORT - INDONESIA

Targeted NTDs: LF, SCH, STH

Reporting Period: April 2013 – September 2013



BACKGROUND

Indonesia has one of the heaviest burdens of NTDs globally. In 2012, the Government of Indonesia (GoI) reached 23.62 million people through MDA in 85 districts of the 224 assumed LF-endemic districts. In 2013, the GoI aims to support LF/STH MDA in 92 districts and map to confirm LF endemicity in 55, with the remaining 52 districts to be mapped in 2014.

A 2012 STH policy in the process of being legally adopted states that all districts should receive one round of STH MDA annually, based on the average national prevalence of 28%. In non-LF areas, it recommends that deworming should be integrated with Vitamin A distribution for preschool children and with Child Health activities for school-aged children. In August 2013, the MOH started STH-only MDA in three non-LF-endemic provinces: Bali, Nusa Tenggara Barat, and Sulawesi Utara. A detailed plan to eliminate SCH, which affects an area of 20,000 people in Central Sulawesi, is being implemented with support from WHO.

The Subdit Filariasis dan Kecacingan (Sub Directorate of Filariasis and Worms), a unit within the Directorate General of Disease Control and Environmental Health of the Ministry of Health, is the lead agency for LF, STH, and SCH activities. A National Task Force exists to oversee LF policy, plans, and activities.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Increase NTD commitments through TIPAC implementation at the national level; support for a national stakeholder meeting; and LF/STH advocacy meetings in 20 districts.

- Develop protocols for STH-only MDA in schools, LF mapping, and LF TAS.
- Complete 2012 LF/STH MDA in 22 districts. Support 2013 LF/STH MDA preparation in 36 districts.
- Provide high-level support to STH-only MDA in 34 districts through national planning, provincial coordination and training, and IEC material development.
- Map for LF in 55 districts.
- Support LF sentinel sites in 47 districts (37 by December 2012 included in FY2012 workbooks and 10 by September 2013 in FY2013 workbooks).
- Implement TAS in 2 districts.
- Build capacity in monitoring and evaluation of NTD programs through training, database development, collection of data on Indonesia-specific LF technical issues, and review of data.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Conducted the first NTD stakeholders' meeting to present the annual activity plan, costs and gaps from the TIPAC implementation.
- Advocacy meetings complete in 7 districts, resulting in MOUs for five years of commitment to support MDA by the district government.
- Trained 8 Public Health Officers (PHOs) and 20 District Health Officers (DHOs) from eastern Indonesia with the updated policies and strategies of the LF and STH programs.
- Finalized protocols for STH-only MDA in schools, TAS, and LF mapping/sentinel site assessments.
- Developed strategy to use and built capacity of 12 local NGOs for MDA fund distribution, USAID grant management and MDA monitoring since the GoI does not allow grants with districts.
- Completed 2012 LF/STH MDA in all districts. Initiated 2013 LF/STH MDA activities in 36 districts through FOGs with 11 NGOs. MDA activities began in August 2013 and are on-track to be completed by December 2013.
- Supported STH-only MDA national planning and provincial coordination meetings and sent 13,800 posters and 120,000 flyers to 3 provinces. MDA started in August and is ongoing.
- Through a FOG with a NGO, LF mapping is ongoing, to be completed by December 2013.
- Completed LF sentinel and spot-check site data collection in 45 districts: 37 have results and 8 will have results by December 2013.
- Completed TAS to stop MDA in two districts. The results showed both districts passed TAS.
- Reviewed progress and coverage survey results at ENVISION LF/STH review meeting.
- Trained officials from 14 PHOs and 33 DHOs in TAS and LF M&E.
- Began designing a national-level NTD database, to be introduced in early 2014.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Two districts in our workplan had their own funding for LF sentinel sites, but this was discovered too late in order to utilize the funds for other districts or activities. For 2014,

ENVISION will work more closely with districts proposed by Subdit to ensure they need support.

- Three key staff from the Subdit were transferred, resulting in increased assistance needed from ENVISION. MOH assured us that new personnel will be appointed by the end of the year.
- The NGO competitive selection process and initiation of the MDA and mapping FOGs took longer than anticipated. In 2014, the new ENVISION Grants Specialist is able to work directly with districts to finalize budgets and will begin the process earlier.
- Some districts could not provide evidence of cost-share for 2012 MDA. NGOs were given modified reporting forms and are required to collect this data in 2013 FOG deliverables.
- Data collection, consistency and archiving continue to be a problem at national level. With the new M&E Specialist (as well as the protocols and the national database), ENVISION is now providing more consistent oversight of M&E activities.

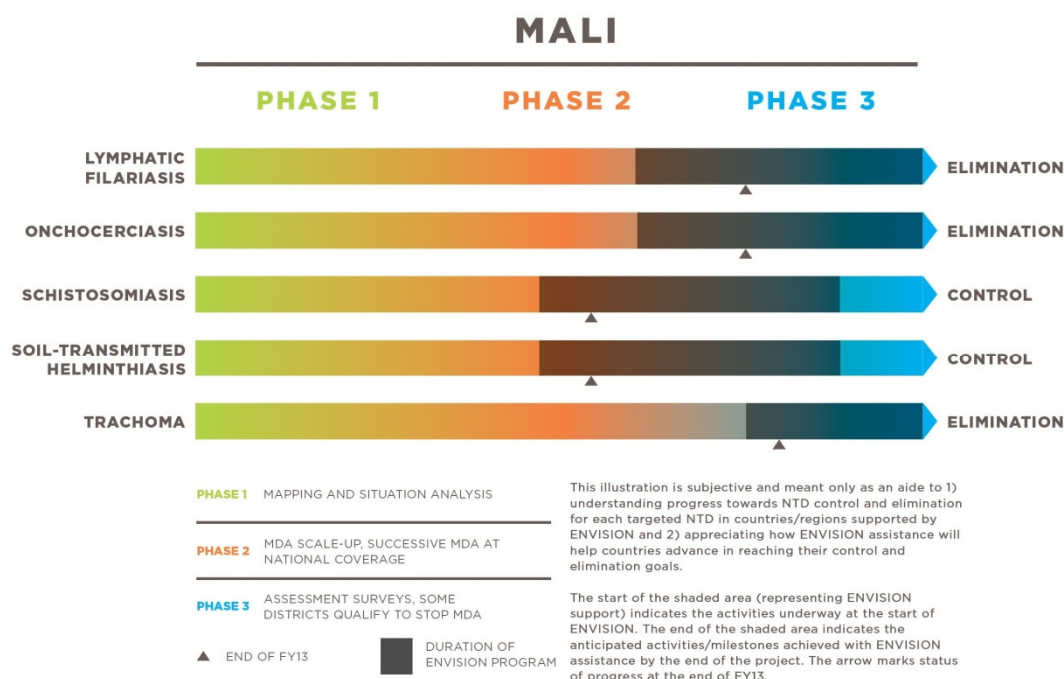
NEXT STEPS

- DHOs and NGOs will develop draft budgets together for FY2014 MDA activities by December.
- Complete MDA in 36 LF/STH MDA districts and 34 STH-only MDA districts by December.
- Complete and report on LF mapping in 55 districts by December.
- Document and report results from the LF sentinel site and spot check surveys by November.
- Complete the development of a national-level NTD program M&E database by February.
- Conduct and participate in regular coordination meetings with NTD stakeholders in Indonesia.

ACTIVITY PROGRESS REPORT - MALI

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: April – September 2013



BACKGROUND

Since the start of Mali's integrated NTD program in 2007, significant progress has been made with 100% geographic coverage reached for all NTDs, adequate program and epidemiological coverage sustained over time, and impact assessments providing evidence to stop MDA and begin post-endemic surveillance for LF and trachoma.

A military coup d'état on March 22, 2012 brought the program to a temporary halt and indefinitely separated the three northern regions (Gao, Kidal, Tombouctou) from the southern part of the country. HKI received notice from USAID and ENVISION on March 28, 2012 that all NTD activities implemented by the government with USAID funding must be suspended in the wake of the political crisis in Mali. Follow-up correspondence on July 20, 2012 from USAID explained that the USAID-funded NTD Control Program in Mali had been given a T2 unsuspension status, whereby funds could not go to the government to implement activities and/or support work with the government. After much deliberation between MOH, HKI, ENVISION, and USAID staff, it was agreed that USAID funding could not support the implementation of activities under the T2 unsuspension status. However, USAID funding support could be used to support office operations in Bamako. With funding from the End Fund through HKI, and additional assistance from the Conrad N. Hilton Fund (CNHF) through HKI, TCC, and Sightsavers, activities were implemented throughout the southern regions during the first half of FY12.

The UN peacekeeping mission, the United Nations Multidimensional Integrated Stabilization Mission in Mali, was established in April and set up in July 2013 to support Mali through the election period. The presidential election was held on July 28th, 2013, with a second round, run-off election successfully held on August 11th, 2013. Overall, the situation remains calm in all the cities. Recent trachoma MDA in sentinel sites in the region of Mopti was successful with support from HKI. ENVISION anticipates being able to resume support for NTD control and elimination in FY14.

TECHNICAL OBJECTIVES

National support for the integrated NTD program is currently maintained through a close, collaborative approach from existing MOH partners including Helen Keller International, The Carter Center, Sightsavers, and the World Health Organization. Primary support to these partners comes from END Fund (HKI) and the Conrad N. Hilton Foundation (HKI, The Carter Center, Sightsavers). The list below outlines the technical objectives set forth in the FY 2013 Work Plan. Note: MDA in Gao, Kidal, Tombouctou, mapping in Kidal, and M&E activities in Gao and Kidal were postponed due to security concerns.

- Reach 100% geographic coverage in the southern regions (including the secure areas of Bamako, Kayes, Segou, Sikasso, and Mopti Regions) with MDA for all targeted NTDs. Reach at least 80% programmatic coverage at the district level for each disease targeted.
- Enhance the epidemiologic map for Mali by conducting LF sentinel sites and spot check studies in the districts that have completed 5 or more rounds of treatment, impact assessment for trachoma, conducting TAS in eligible districts for LF, and continuing sub-district level trachoma surveillance as part of the post-endemic surveillance plan.
- Increasing government and community ownership and donor support of NTD program activities through targeted advocacy and social mobilization activities.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

The activities listed below represent activities that HKI has contributed towards through non-USAID funding.

- Mass treatments at trachoma sentinel sites with HKI's CNHF funding were conducted from April to June in the Mopti, Ségou, Kayes, Sikasso, and Koulikoro regions without any problems.
- NTD Technical Coordination Committee met several times to discuss implementation of NTD program activities. It was thus decided to conduct MDAs in the Sikasso and Koulikoro regions, using the large volume of IVM and ALB at risk of expiry, in June-Aug 2013.
- MDA for LF, oncho, SCH, STH in Sikasso (8 districts) and Koulikoro region (6 districts), originally planned for Oct/Nov took place in June-August 2013. Results are pending. Regional Health Directorates were involved in implementing NTD program activities. Support provided for community meetings, radio and television messages, drug distribution to health centers, training and supervision.

- Two technical review committee meetings were held
- Pre-TAS assessments completed in Koulikoro and Kayes
- Trichiasis surgery in the Kayes region

CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- The occupation of two-thirds of the country by armed men halted activities in the north in FY'2013 due to the high of the level of insecurity and the pressing humanitarian needs. For these reasons the program did not plan for the MDA to take place in the regions of Gao, Timbuktu and Kidal in 2013. With security restored and the renewed presence of government, activities are resuming gradually in these three regions. Plans for these regions will be included in the 2014 work plan to ENVISION.
- The major difficulty during this period has been the temporary halt in the LF pre-TAS evaluations in Kayes region, following the change in the National Blindness Control Program due to a slow release of funds after staffing change at the MOH level.

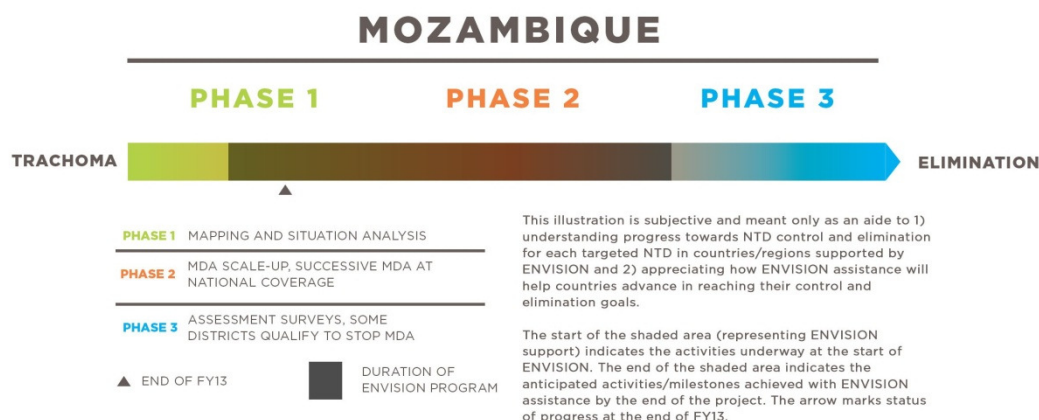
NEXT STEPS

- Treatment in Bamako, Kayes, Mopti, and Segou regions in November - December (END Fund support)
- Impact evaluations for SCH/STH in December (END Fund support)
- TAS for LF in 3 districts in Sikasso to begin at a TBD date due to the sudden unavailability of ICT cards
- 100% geographic coverage of MDAs is anticipated in Gao, Tombouctou, Kidal, Bamako, Kayes, Koulikoro, Mopti, Segou, and Sikasso during April-May 2014. (USAID support)
- Trachoma sentinel site treatments in all southern regions (CNHF support)
- Trichiasis surgery in Kayes, Koulikoro, Mopti, Segou, and Sikasso (CNHF support)

ACTIVITY PROGRESS REPORT - MOZAMBIQUE

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: April - September 2013



BACKGROUND

More than 75% of treatment areas are co-endemic for LF, SCH, and STH. Trachoma is also co-endemic with other NTDs, however very few provinces have been completely mapped. Onchocerciasis is considered hypo-endemic in the country and not targeted for MDA; an elimination strategy is being considered. Criteria for discontinuation of MDA for LF have been established and 2-3 sentinel sites will be established per province to monitor progress towards elimination.

Under the coordination of the National Directorate of Public Health, each province is responsible for planning and coordinating the implementation of control activities, including any remaining baseline prevalence mapping and MDA. A draft of the Ministry of Health's National Action Plan for Prevention and Control of Neglected Tropical Diseases (2013-2017) currently serves as a guide for the control, elimination and eradication of NTDs in Mozambique.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Support formation of National NTD Steering Committee
- Identify training needs at central, provincial and district level for NTD related activities
- Organize and support a three day NTD partners meeting to assess work achieved during 2012 and plan activities for 2013.
- Implement TIPAC
- Train survey teams and support trachoma baseline prevalence mapping in 4 provinces (Cabo Delgado, Zambezia, Manica, and Inhambane),

- Support development and dissemination of new IEC materials (Posters/cards for schisto/STH and trichiasis, etc.)
- Support MOH attendance to National and Regional workshops and conferences on M&E
- Complete Zithromax MDA for trachoma in 10 districts of Niassa Province

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Completed trachoma mapping in three provinces (Sightsavers-Zambezia, Cabo Delgado, RTI-Manica) using android phones. Activities were featured in USAID's Frontlines Mar/April Issue. Mapping in Inhambane province to start in October 2013.
- Provided technical related support for various NTD activities led by the MOH, including administrative, data base, IT and drug logistics.
- Collaborated with Sightsavers on GTMP trainings in Mozambique for trachoma mapping, including support to National Eye Care Coordinator to participate in GTMP training in Ethiopia.
- Supported development and distribution of additional IEC materials including:
 - 2000 dose poles for LF
 - 1900 dose poles for Schisto
 - 9000 posters for LF
 - 13500 brochures for Schisto
 - 20000 posters for Schisto
 - 1200 Morbidity control forms
- **First ever Trachoma MDA completed in 10 districts in Niassa Province.** Nearly half a million people were treated with Zithromax or tetracycline eye ointment. Only one district didn't meet the target of 80% program coverage; this was because MDA was stopped in this district due to a public holiday. Coverage much greater than 100% was noted in one district, most likely due to an underestimate of the total population from the national census projections. FY14 MDA efforts will build on the success of this first round.
- Assisted in the coordination of National NTD partners' meeting to discuss in-country collaboration of activities (June 2013).
- Provided financial support to the MOH to hold 10 micro planning trainings in all provinces.
- Mozambique Eye Care Coalition (MECC) meetings held regularly during the reporting period.(Chaired by RPA)
- Supported the development of Zithromax/Trachoma training manual pre MDA in Niassa with TAF funds.
- Supported participation of ENVISION data base manager and M&E representative from MOH in a GIS training in Kenya (April 2013).
- Provided regular updates on activities through @RTIfightsNTDs.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- MDA was delayed to various factors, including a presidential visit to the province, concern over flooding, and delays associated with the timing of district trainings.
- Delays by MOH in the development of the National Steering Committee. Full guarantee has been given to the NTD Coordinator that ENVISION will facilitate in the setting up of the meeting in early December 2013

- Inconsistencies in data management by NTD department in the Ministry. Project is in the process of recruiting a data base manager to assist with ENVISION data. This person will also provide technical support to the NTD program on data management issues.

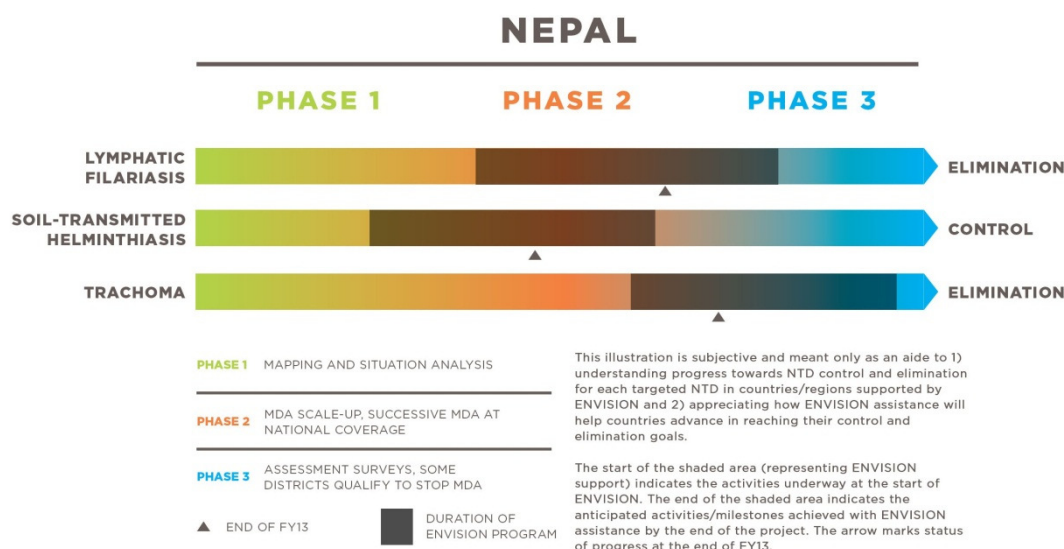
NEXT STEPS

- Update the TIPAC before February 2014 Partner Review Meeting; initial updates have been completed for Preventative Chemotherapy module for 2014.
- Host Media and Advocacy Training for MOH staff and journalists with ITI, November 13-15, 2014.
- Plan with MOH Central and provincial level for zithromax MDA in 16 districts in Niassa and 3 districts in Cabo Delgado.
- Complete DQA after MDA in Niassa
- Through the National Steering Committee, complete an oncho desk review
- Hold first NTD National Steering Committee- scheduled for December 2013
- Launch the NTD 2013-2017 Master Plan at the Partners Review Meeting.
- Continue to support and chair MECC platform to advocate for scaling-up trachoma control activities.
- Develop a NTD advocacy booklet with MOH.
- Complete trachoma mapping in Inhambane, Gaza and Maputo provinces by mid-2014 as per request of the MOH.
- Continue supporting IEC and MDA material production for all NTDs.
- Provide technical support to the MOH during other NTD MDAs
- Print district level registration forms.
- Work closely with the Trachoma Focal Point to hold the Trachoma Action Plan (TAP) finalization workshop
- Work with MOH on implementing electronic reporting in Niassa Province.

ACTIVITY PROGRESS REPORT - NEPAL

Targeted NTDs: LF, STH and trachoma

Reporting Period: October 2012 – March 2013



BACKGROUND

The Government of Nepal (GoN) initiated LF elimination activities in 2003 and the STH control program for school-age children (SAC) in grades 1-5 in 2008. The trachoma elimination program was started in 2005 by Nepal Netra Jyoti Sangh through its National Trachoma Program. In 2010, the GoN approved the “Plan of Action for Neglected Diseases in Nepal: An Integrated National Control Program.” This document focuses on the joint effort between the Ministry of Health and Population and the Ministry of Education (MOE) to eliminate and control PC NTDs. The integrated control program is supported by a group of collaborating partners, including WHO, USAID through RTI, CNTD, GlaxoSmithKline, and Pfizer. This collaborative effort includes regular meeting with Ministry of Health and Population, Department of Health Services, regional and district officials and stakeholders.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Support for LF MDA in 20 districts
- Support for trachoma MDA in two districts
- Support for STH MDA in four districts
- Support and participate in NTD Steering Committee & Technical Working Group meetings
- Fund regional and district level planning meetings and training of trainers (TOT)
- Fund mass media mobilization for NTDs
- Print and transport training and IEC materials to NTD program districts
- Support district, municipality and village development committee level interactions for NTDs

- Support and supervise MDA in NTD program districts
- Fund supervision from center, regions and districts to monitor activities in NTDs program districts
- Support training of health workers, teachers and CDDs for NTDs
- Support LF transmission assessment survey (TAS) eligibility surveys in 16 districts
- Support trachoma mapping to the subdistrict level in 14 districts
- Support a trachoma impact survey in one district
- Conduct LF baseline survey in 10 new districts
- Monitor financial, logistics, and programmatic activities

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

In this period, there was major change in staffing at the ENVISION. Four ENVISION staff transitioned to RTI H4L project and ENVISION had a busy time with HR activities, including hiring of the replacements for those positions.

- Supported and participated in the LF regional and district review meetings. Sex disaggregated treatment and training data was successfully obtained from 13 of 56 districts.
- Completed LF post MDA coverage surveys in 10 districts.
- Conducted urban review meeting to explore newer strategies to increase urban coverage in Kathmandu, Bhaktapur and Lalitpur
- Conducted journalist interaction meeting to minimize rumors reported during MDA which negatively impact urban coverage
- Conducted national level capacity building workshop on TAS for the LF elimination program
- Completed trachoma MDA in one district
- Completed data collection for trachoma mapping and remapping to the sub-district level in 14 districts (Report is being written)
- Completed trachoma impact survey in one district
- Established NTD secretariat in MOH and hired a consultant as assistant NTD coordinator
- Conducted a Technical Working Group meeting
- Worked with the NTD Program Coordinator and NTD stakeholders to complete the TIPAC
- Conducted STH sentinel site survey in four districts
- Conducted LF TAS in 16 districts (ongoing)

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- In FY13, Nepal treated the 56 districts targeted with ENVISION support. Sixteen districts completed their 5th or 6th round of MDA, and were eligible for TAS based on coverage and sentinel/spot check site results. Program coverage was satisfactory in many districts, although low coverage was noted in multiple districts due to fear of side effects and rumors of past MDAs. LF MDA coverage in Banke, Sunsari, Jhapa, Dhankuta, Terathum and Kathmandu valley continues to be low. These areas represent a major challenge as the

program attempts to reach elimination. In order to address the low coverage, the national LF program, with ENVISION assistance, will develop separate guidelines for urban MDA. These will include an advocacy plan for reaching specific urban populations (e.g., migrants from other parts of Nepal, professional groups, school children). The national program also intends to use health workers as drug distributors rather than volunteers, since some urban sectors are suspicious of drugs distributed by health workers who are not professionals.

- TIPAC has been introduced in the NTD secretariat but institutionalizing in the MOH will be a major challenge, as it does not fit within establish government systems.
- Getting GON approval to publish reported NTD data will require continuous engagement with the MOH officials.
- Lack of coordination between CHD and DEO resulting poor quality STH MDA report. Accurate reporting of STH MDA data will be joint efforts among the NTD stakeholders.
- Getting timely approval from the EDCC and CHD to initiate FOGs process planned for 2014.

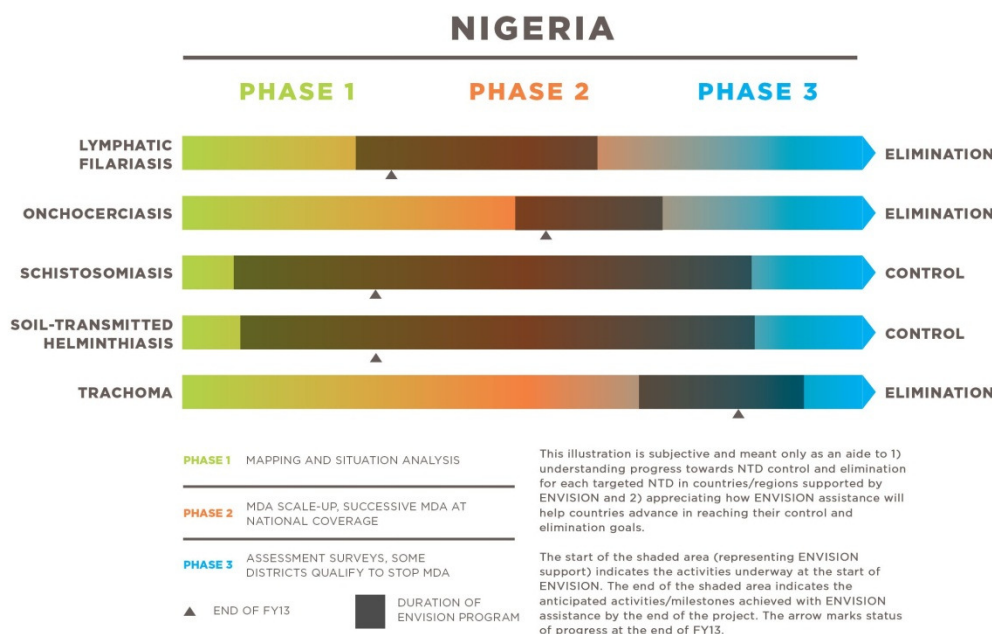
NEXT STEPS

- Support 18 districts for LF MDA and related activities planned in January-February 2014
- Attend and fund NTD technical working group and steering committee meetings in October 2013
- Support NTD mid-term sharing meeting in December/January
- Conduct trachoma MDA in one district in January 2014.
- Support a national coordination meeting to plan for a national STH prevalence survey

ACTIVITY PROGRESS REPORT - NIGERIA

Targeted NTDs: LF, OV, SCH, STH and trachoma

Reporting Period: April-September 2013



BACKGROUND

The Federal Ministry of Health (FMOH) NTD program is under the leadership of the Director of Public Health and is a collection of NTD disease-specific programs that integrate activities where possible to achieve shared objectives and strategies. Since Nigeria is a federated country consisting of 36 states and 774 Local Government areas (LGAs), each level of government plays a specific role in fighting NTDs. Technical guidance and policy formation are carried out by the FMOH and decreed to the states to ensure that all programs are implemented succinctly under the same guidelines.

The state MOH is the lead for actual implementation of NTD activities. They facilitate trainings, order and receive medicines, coordinate distributions, assist with advocacy and plan and implement interventions strategies. To carry out MDAs, they rely on community drug distributors at the village level and teacher distributors for targeted school-aged populations. Nigeria launched its NTD Master Plan (2012-2016) in February 2013 which promotes greater coordination of control and elimination efforts for NTDs and advocates for expansion of treatment programs throughout the country.

The ENVISION project began working in Nigeria during this fiscal year with direct support provided by both The Carter Center and RTI International. ENVISION supports the NTD

program in Nigeria at the federal level and in 9 states (Anambra, Abia, Edo, Delta, Imo, Enugu, and Ebonyi, Plateau and Nassarawa).

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

For The Carter Center -

- Conduct disease mapping or assessments (dependent on previous PCT interventions in a given area) for STH, SCH, trachoma and Loa Loa in 9 states (Plateau, Nassarawa, Abia, Anambra, Delta, Ebonyi, Edo, Enugu, and Imo).
- Support for trachoma MDA and accompanying mobilization, training, health education, and supervision for programs in two states (Plateau and Nasarawa).
- In an amendment to the FY 2013 work plan, The Carter Center was asked to provide assistance for SCH, STH and oncho MDA and accompanying mobilization, training, health education, and supervision for programs in 9 states (Plateau, Nassarawa, Abia, Anambra, Delta, Ebonyi, Edo, Enugu, and Imo states.)

For RTI International -

- Hire ENVISION Resident Program Advisor and Finance Manager to reside in Nigeria
- Support strategic planning activities at the national level: a National Review Meeting, 2 Steering Committee Meetings, 2 NTD Task Force Meetings, TAP meeting and a meeting of eye health experts to discuss issues surrounding trichiasis surgery in Nigeria
- Work with the FMOH to field test the national, integrated database template that is being developed by RTI in collaboration with WHO, AFRO, APOC, and CNTD
- Support representatives from the FMOH NTD M&E team to conduct training for zonal coordinators and specific data managers within each of the 9 USAID-priority states on data collection and management
- Provide support for two FMOH representatives to attend a TIPAC Trainer of Trainers workshop in Kampala; support TOTs to conduct TIPAC workshop for the FMOH and for the 9 USAID-priority states

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Supported organization of stakeholder meetings to coordinate mapping initiatives
- Mapped all but two of 135 targeted LGAs for SCH/STH. Security issues prevented mapping in two LGAs in Delta
- Mapped all 69 targeted LGAs for trachoma
- Mapped all 44 targeted LGAs LGAs for Loa-loa
- Presented preliminary mapping results to the FMOH at August NTD Review meeting
- Completed training of CDDs, CDD Supervisors, Health Workers and Headmasters in advance of MDAs in all 9 targeted states
- Completed trachoma MDA in Plateau and Nasarawa States
- Initiated integrated MDA for SCH, STH and oncho in 9 targeted states. (ongoing)
- Provided assistance for MDA supervision, health education and community mobilization, training, and advocacy were ongoing in all nine assisted states.

- Hired ENVISION Resident Program Advisor and Finance Officer based in Abuja.
- Participated and supported NTD steering committee meetings, a national review meeting and a NTD task force meeting
- Supported the official launch and state domestication of the NTD Master plan
- Supported development of the trachoma action plan based on GTMP and ENVISION mapping data
- Provided training on TIPAC implementation at the federal level
- Worked with FMOH to form an NTD M&E team within the Ministry
- Provided technical editing of the National M&E plan created by the FMOH

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- The scheduled M&E training to the newly formed FMOH M&E team was delayed to accommodate the implementation of the WHO integrated database in October
- The launch of the mapping was delayed by the FMOH and the MDA was delayed by the mapping. The MDA is now schedule for completion in November 2014.
- The Kato Katz kits were held at the port of entry due to a number of logistical and communications problems. RTI and TCC/Atlanta will coordinate more closely to avoid problems with any future procurements.
- A small number of villages were inaccessible or required expensive boat travel. In a few villages in Delta, residents were hostile to the survey teams despite prior social mobilization efforts.

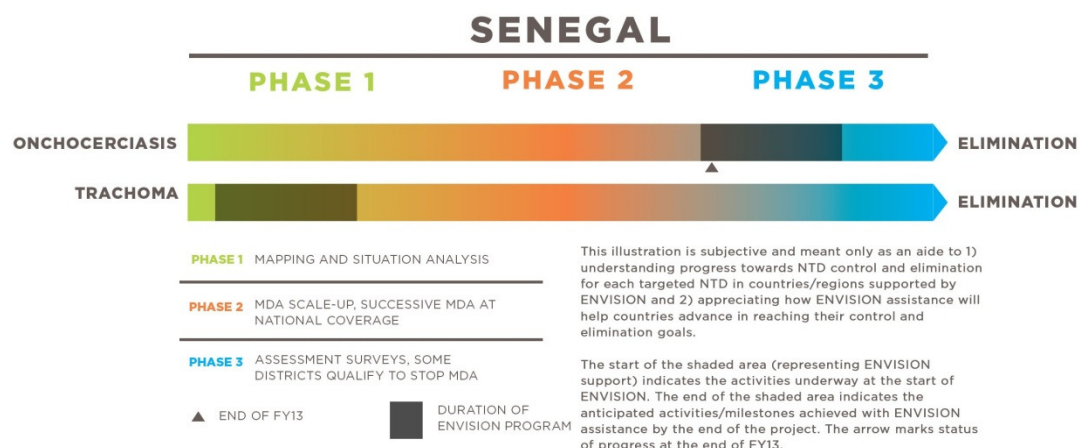
NEXT STEPS

- Complete MDA for SCH, STH and oncho for the southeast 7 states in early November.
- Pilot test WHO integrated database with the FMOH M&E team
- Steering Committee Meeting in October
- NTD stakeholder meeting in November 2014
- Provide technical review of training manual for program managers created by the FMOH

ACTIVITY PROGRESS REPORT - SENEGAL

Targeted NTDs: LF, OV, SCH, STH and trachoma

Reporting Period: April-September 2013



BACKGROUND

Control of neglected tropical diseases in Senegal is led by the Steering Committee for the National NTD Control Plan, drawn from several sections of the Ministry of Health and Social Work, along with the WHO and other external partners, funders, and implementers.

NTD control and elimination programs are supported by a number of partners with assistance for mapping and drug distribution. USAID/Senegal supports MDAs for LF, OV, SCH, STH and trachoma in most regions as part of the bilateral project, Programme Santé Communautaire II (PSSC II, 2011-2016), and also provides direct bilateral support to the MOH for NTDs, via a Fixed Amount Reimbursement Agreement. Prior to USAID/PSSC II's support for integrated MDA, preventive chemotherapy in Senegal was conducted in few regions and for the most part focused on individual NTDs. The MOH started implementing an integrated approach addressing LF, oncho, and STH in Tambacounda Region in 2007; while other regions have not yet integrated MDA activities.

The MOH and the Ministry of National Education have jointly organized twice-yearly Child Survival Days since 2005, deworming under-5s using MBD. MDA for trachoma began in selected districts in 2005, but was not implemented in 2007 and only partially implemented in 2008 and 2009.

This was the first year ENVISION supported NTD control and elimination activities in Senegal.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Establish ENVISION project support in Senegal

- Media/Advocacy Training for the MOH and for journalists, in partnership with ITI
- Implement trachoma prevalence surveys in 22 districts (17 baseline, 5 impact)
- Procurement of ICT cards and tetracycline eye ointment
- Provide NTD morbidity management documents for training & guidance
- Build capacity of MOH: technical assistance, participation in WHO's NTD Program Managers training course, M&E training; Global Trachoma Mapping Project training-of-trainers
- Implement oncho impact survey in Kédougou, Kolda, and Tambacounda Regions

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Signed a Memorandum of Understanding with the MOH
- Recruited a Resident Program Advisor in June 2013; the RPA provided ongoing technical assistance to the MOH, and will be based within the MOH starting 1 Oct 2013
- Jointly with ITI, organized Media/Advocacy Training for the MOH and for journalists
- Supported MOH participation in GTMP training-of-trainers in Ethiopia
- Provided NTD medicines and diagnostics, including ICT cards for use in LF Transmission Assessment Surveys and TEO for use in MDA and trachoma surveying
- Provided multifunctional devices (Android smartphones) for use in surveys

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Trachoma prevalence surveys were delayed due to discussions with the MOH of the most effective method for data collection. RTI will support a combined standardization and recorder-training workshop in FY14.
- Funding was not sufficient for the number of WHO French-language LF case-management documents requested by MOH. As morbidity management is no longer a priority for USAID/W, this activity will probably not take place.
- WHO/AFRO's NTD Program Managers training course was not offered in FY13.
- M&E Workshop on the USAID NTD M&E system and Workbooks could not be scheduled in FY13. This activity will be scheduled for FY14.
- Oncho Impact Survey protocol was delayed. Questions about the appropriate period for the entomological component may necessitate postponing for several months until the optimal fly-catching period. Additional TA from CDC to integrate LF into the epidemiological component may be possible through another funding mechanism.
- Completing the M&E Workbooks has been a challenge as ENVISION has not been given access to necessary data (collected by other USAID funded projects), and in many cases the MOH itself has not seen these data. In early FY14, RTI and USAID/W will conduct a joint visit to Dakar to work with ChildFund and USAID/Senegal on strategies to improve sharing of this critical information.

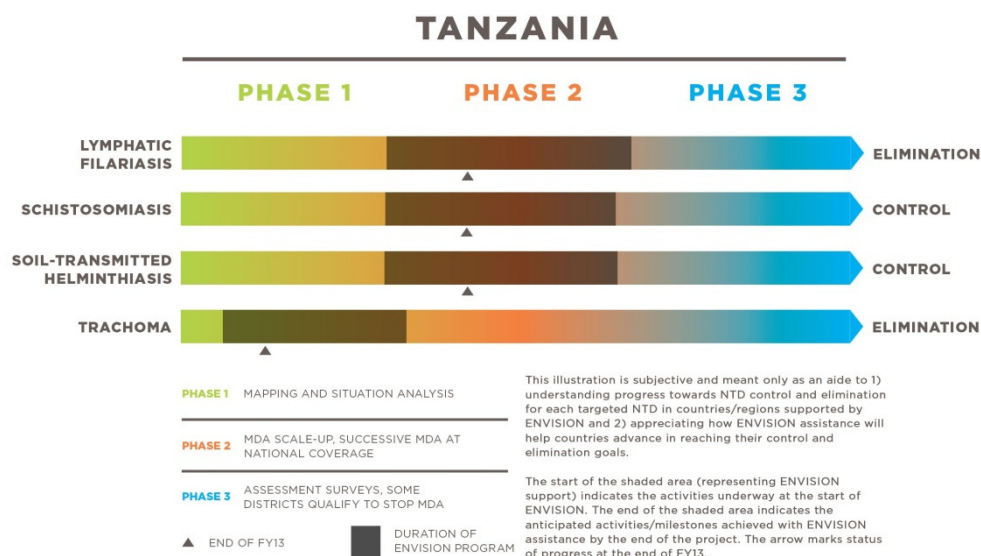
NEXT STEPS

- Complete printing of MOH and National Eye Health Promotion Program’s trachomatous trichiasis field documents
- Support MOH participation in GTMP super-training of Trachoma “grader trainers” in Ethiopia
- Training on the use of smartphones for surveys
- Support mapping for Trachoma in 22 districts
- Procure TEO for MOH use during trachoma MDA
- M&E training for RTI/ENVISION, ChildFund/PSSC II, and USAID/Senegal
- Oncho Impact Survey in Kédougou, Kolda, and Tambacounda Regions (for the entomological component, pending determination of appropriate period for fly-catching)
- Post-MDA Coverage Surveys in 10 Districts

ACTIVITY PROGRESS REPORT - TANZANIA

Targeted NTDs: LF, OV, SCH, STH, and trachoma

Reporting Period: April –September 2013



BACKGROUND

In 2004, the Ministry of Health and Welfare began discussions on how to integrate the five vertical disease programs and activities in regions where the diseases overlap. Integration activities began in Tanzania in 2004, when MDA for LF was combined with the onchocerciasis program's CDTI approach in the Tanga region of Tanzania. In 2010, funding from USAID's NTD Control Program allowed the Tanzania NTD Control Program (TZNTDCP) integrate NTD control and elimination, with the ultimate goal of scale-up to national MDA coverage of all endemic areas in Tanzania. USAID support for the TZNTDCP continues through the ENVISION project.

In 2012, the TZNTDCP completed the Strategic Master Plan for 2012-2017 which outlines the needs for all aspects of the NTDCP and costing. Annual stakeholder meetings in 2012 and 2013 have brought partners together to review the plan and discuss annual commitment for support to the TZNTDCP.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Support CDTI and school-based distribution for PC NTDs. IVM and ALB will be distributed in 52 districts for the control of STH and elimination of LF.
- Support community distribution of Zithromax in 28 districts for the elimination of trachoma as a blinding disease.
- Support school distribution of PZQ in 43 districts to control schistosomiasis.

- Conduct MDA coverage surveys in 2 districts from each of 5 regions in order to validate reported coverage and explore reasons for non-compliance with MDA
- Carry out 7 trachoma impact surveys in Kondoa, Karagwe, Mbarali, Namtumbo, Rufiji, Mkuranga, and Tunduru districts.
- Establish sentinel and spot check sites for impact monitoring. These sites will be used to collect pre-TAS data for LF and measure MDA impact on SCH, and STH. (6 districts/12 sites)

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Completed school based MDA in 35 districts with PZQ.
- Community based MDA completed in 5 regions and ongoing in 4 regions at time of report
- Completed MDA coverage surveys in 10 districts, results are being finalized
- Conducted sentinel/spot check site surveys in 7 districts, results are being finalized
- Completed trachoma mapping in 2 districts and impact surveys in 4 districts, results to be shared when available
- Trained 54 multi-sectoral district teams in community mobilization, key concepts related to mass communication, MDA messages, overview of importance of PC strategy in the fight against NTDs, and how to address myths related to MDA and NTDs
- Conducted M&E training for integrated NTD activities in 27 districts
- Increased use of mass media to promote MDA and create NTD impact on communities in order to address low coverage,. This was done through use of local radio/newspapers and also addressed in the community mobilization training.
- Supported the participation of two MOH and two IMA staff in the AFRO TAS training

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Delay in Zithromax/IVM/ALB caused community MDA delays in 4 regions (Manyara, Tabora, Dodoma, and Singida). Delays were related both to late delivery of drugs by the donation programs, as well as lengthy customs clearance by national authorities at the port. ENVISION continues to work closely with appropriate national entities to improve the overall logistics system for NTD drugs.
- The Medical Stores Department's (MSD) clearance and distribution system have also impacted the MDA schedule. Delays have occurred because the MOH has not had readily available funds for MSD fees, and due to a shortage of trucks to meet the demands of distributing NTD drugs.
- A delay in the disbursement of funds from RTI to IMA resulted in the delay of activities. Disbursement was slow as a result of last minute budget changes by the MOH, lag time in reporting funds liquidation by IMA, and the overall approvals process.
- Multiple priorities at the MOH level resulted in some delays in ENVISION-funded activities. The NTD program at times lacked the personnel to conduct field supervision because activities funded by other partners were taking place at the same time.

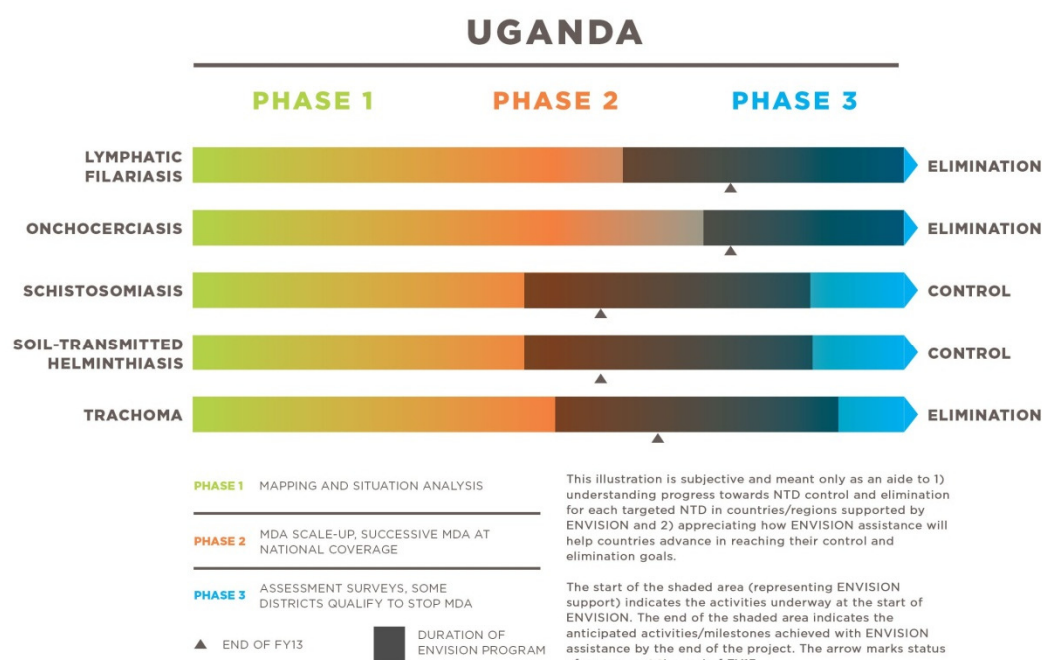
NEXT STEPS

- Complete community MDA in 4 regions and data collection
- Complete trachoma mapping in 1 district and impact surveys in 4 districts
- Conduct post-MDA regional planning/review meetings in 9 regions
- Procure MDA supplies for FY14

ACTIVITY PROGRESS REPORT - UGANDA

Targeted NTDs: LF, OV, SCH, STH, and trachoma

Reporting Period: April to September 2013



BACKGROUND

Uganda's implementation model is distinct in that it integrates with other public health programs in addition to integrating the NTD disease-specific programs. This creates a more rigid implementation timeline and additional challenges for successful collaboration, including ensuring that donated drugs arrive in time for co-administration, navigating the specialized needs of the disease-specific programs, and operating in areas suffering from natural disaster and civil unrest. With support from USAID, the Uganda National NTD Program has geographically scaled up treatment to reach national coverage from 46 districts in FY 2008 to 81 districts in FY 2012. All mapping has been completed, with the exception of 6 districts which will be mapped for trachoma in FY13.

ENVISION support in Uganda is provided by RTI and TCC. In support of the Uganda Ministries of Health and Education, the program engages with a wide range of dedicated local stakeholders, including Sightsavers, the Schistosomiasis Control Initiative (SCI), Danish Bilharzia Laboratory, WHO and APOC.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Support MDA in 79 targeted districts, including supervision, reporting, training, incentives, registration, social mobilization, health education, drug delivery, and advocacy.

- Review and update IEC materials and M&E tools, including a new integrated NTD register.
- Baseline prevalence mapping of four trachoma endemic districts using electronic tablets to capture data.
- Perform a trachoma desk review in eight districts of the Teso sub-region to determine whether full mapping for trachoma endemicity is needed.
- Create, pilot and conduct an M&E DQA.
- Recruit, train M&E assistants at the regional level to aid in supervision and improve M&E data quality.
- Provide technical support for field and laboratory evaluations to evaluate impact of treatments on OV transmission, including post-treatment surveillance in areas that have already interrupted OV transmission.
- Define boundaries of OV transmission foci where endemicity is still in question.
- Implement LF pre-TAS in 9 districts and TAS in 7 districts
- SCH distribution reassessments in 6 districts (in districts that have completed 7 to 10 rounds)
- SCH sentinel sites (5 districts)
- TRA impact assessments (12 districts)
- Drug coverage Surveys (3 Districts)
- Finalize the communication strategy; draft the National Advocacy Plan and design advocacy booklet for high level advocacy
- Launch Uganda NTD Master Plan to guide implementation of NTDs in the country
- Attend/coordinate stakeholder meetings with the MOH for planning and advocacy purposes
- Strengthen supervisory activities at central, regional, and district levels

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

MDA Treatments

Out of the 79 districts targeted for treatment in Year 2 in Uganda, 57 districts were treated. MDA was delayed until FY14 in the remaining districts due to delayed delivery and insufficient quantity of drugs, and delayed approval of FOGs. Performance is varied in the districts where provisional results have been received to date; the primary reasons for low program coverage was poor sensitization prior to MDA, high demand for incentives, shortage of PZQ, refusal to take PZQ because of fear of side effects, flooding in endemic areas, and delays between pre-MDA activities and actual distribution of drugs. Details of MDAs by disease are as follows:

- LF MDA and supporting activities implemented in 24 of 54 targeted districts; 11 districts experience drug stock out for ALB and therefore only distributed one round of IVM in some communities for OV (these treatments are not counted towards LF because ALB was not distributed at the same time); 19 districts postponed MDA of IVM/ALB until first quarter of Year 3 (primarily caused by ALB stock-out and delays in FOG approvals).

Areas of low coverage:

- <65% epidemiologic coverage in 2 districts (Lamwo and Ntoroko). Reasons for low coverage include poor sensitization of local communities prior to MDA, a high demand for incentives that are not provided by program, absent NTD focal Person (Lamwo), and flooding (Ntoroko).
- Final results pending in 11 districts (additional treatments expected)
- OV MDA and supporting activities implemented in all 27 targeted districts (20 districts required 2 rounds).

Areas of low coverage:

- 1st Round: One district (Lamwo, not supported by USAID) was <85% coverage of eligible population due to poor sensitization and high demand for incentives (USAID funding supported only 3 districts through TCC to receive 1 dose)
- 2nd Round: 5 districts were <85% coverage of eligible population receiving 2 dose including Arua, Kitgum, Lamwo, Nebbi, and Pader. Reasons for low coverage include concern expressed by local population over side effects after incident in Pader⁵ (Kitgum neighbors Pader), poor sensitization prior to MDA, and high demand for incentives.
- SCH MDA and supporting activities implemented in 24 of 35 targeted districts; 11 districts postponed distribution until Q1 of Year 3 to ensure that package delivery is integrated.

Areas of low coverage:

- Of the districts to have submitted complete reports, 11 districts reported low program coverage (Busia, Kamwenge, Mityana, Buliisa, Hoima, Kabarole, Kasese, Kibaale, Ntoroko, Gomba, Kalangala). Reasons for low program coverage include shortages of PZQ at the time of MDA, a greater than expected number of adults turning out for treatment in certain fishing communities (these populations fluctuate), refusal to take PZQ from fear of side effects, and flooding in endemic areas.
- All 112 districts are endemic for STH; 24 districts treated in coordination with LF MDA; remainder treated (1 and/or 2 rounds) as part of child health days targeting pre-SAC and SAC.

Areas of low coverage:

- ENVISION supports STH control with ALB in all communities treated for LF (IVM/ALB).
- Treatment data for STH pending final report from School Health Division who distributes MBD to pre-SAC and SAC during Child Health Days.
- Trachoma MDA and supporting activities implemented in 4 of 35 targeted districts; 12 districts held off from treatment pending completion of impact surveys, 19 postponed MDA until first

⁵ Incident refers to FY'12 SAE reported in Pader. Investigation concluded that event not related to IVM.

quarter of Year 3 as Zithromax was not readily available due to delays in reporting FY'12 treatment figures to ITI.

Areas of low coverage:

- Coverage was <80% of at-risk population in 1 district (Kamuli). Reasons for low coverage are related to delays between pre-MDA activities and actual distribution of drugs.

Mapping

- Oncho delineation mapping in Agago and Lira Districts completed. Results indicate that certain parishes are endemic for oncho and above threshold for treatment. These parishes are currently being treated under LF program, but will need to be covered by oncho program when treatments for LF stop pending results of TAS.
- Trachoma baseline prevalence mapping completed in 4 districts (Budaka, Pallisa, Kibuku, and Moyo). Results indicate the TF prevalence is below treatment threshold at district level and MDAs is not needed at the district level.
- Trachoma Desk Review completed in 8 districts (Amuria, Bukedea, Kaberamaido, Katakwi, Kumi, Ngora, Serere, and Soroti). Results indicated that district baseline prevalence surveys are only recommended in 4 of the districts (Amuria, Bukedea, Kaberamaido, Katakwi).

Monitoring & Evaluation

- Trachoma impact surveys completed in 4 of 12 targeted districts. Results indicate TF prevalence in children 1-9yrs has decreased to <10% TF. Final results and recommendations are pending report by national NTD control program.
- Developed and piloted DQA tool in 4 districts. Results indicate that trainings and supervision on data reporting needs to be strengthened at all levels.
- Conducted SCH prevalence reassessment surveys in 8 of 10 districts targeted. Results indicate that prevalence in some schools are still over 30% prevalence and may require 2 rounds of PZQ to reach elimination goals. Current recommendation is to continue MDA at same frequency in Amuru, Masindi, Mityana, Koboko, Kabarole, Hoima, Adjumani, and Bugiri.
- LF pre-TAS completed in 9 districts. Results indicate that 7 districts (Kotido, Abim, Kabong, Moroto, Napak, Nakapiripirit, and Amudat) are ready for TAS and 2 districts are still pending official results.
- TAS was completed in 6 out of 7 targeted districts. Results are still pending official report in Katakwi, Amuria, Alebtong, Ouke, Lira, and Amolatar. Dokolo not included as it had just completed MDA.
- Completed oncho impact assessment surveys, including taking skin snips in Wambabya, Bwindi and Kashoya Kitomi and analyzing blood samples in Obongi in September 2012, Wambabya in October 2012, Madi in Nov 2012, Kashoya Kitomi in March 2013, West Nile in June 2013. Confirmatory PCR analysis was also done during this reporting period. Final report pending official review.
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Training and IEC

- Provisionally 55,183 personnel have been trained, including 60 central trainers, 2,156 trainers and supervisors at district, Health sub-district, sub-county, and Parish levels, 52,872 Community Medicine Distributors (CMDs) and teachers, and 95 M&E personnel. The

number of people actually trained was lower than what was targeted because of the number of districts that postponed MDAs until Year 3.

- Worked with MOH to finalize communication strategy and advocacy booklet that was distributed at the October 2013 NTD Master Plan Launch.
- Reviewed IEC materials. Currently being pretested and translated.

Strategic Planning

- Work on the NTD Master Plan was completed and officially launched on October 5th, 2013.
- Supported a meeting of the Uganda Onchocerciasis Elimination Expert Advisory Committee with TCC. Recommendation included that two foci (Kashoya-Kitomi and Wambabya-Rwamarongo) halt treatment in 2014, having interrupted transmission. Another four (Bwindi, Nyamugasani, Obongi and West Nile foci) were noted as having attained the status of “interruption suspected.”
- Supported high-level advocacy meeting for the Northern Uganda region held in May involving the Minister of State and the Director General of Health Services of the Ministry of Health.
- National (1) and regional (4) planning meetings were successfully accomplished (June 2003).

Support Supervision

- Supported national program managers and senior staff to conduct regular supervisory visits. Supervisory checklist developed to improve quality of supervision.
- Provided support to 8 short-term local Monitoring and Evaluation consultants to monitor quality and performance indicators.
- Increased financial support to sub-country and parish supervisors to assist with logistics and increase the number of supervisory visits in communities.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Several districts did not implement integrated MDAs due to delays in getting necessary quantities of IVM, ALB, PZQ and Zithromax to the district by the time of the scheduled MDA. 11 districts postponed MDA to October 2013 for SCH. 19 districts postponed MDAs to October 2013 for Trachoma. 19 districts postponed MDAs to October 2013 for LF. An assistant Logistician will be hired in Year 3 to build capacity of the national program to monitor drug stock, conduct drug audits, monitor drug applications, and provide technical guidance in drug supply management at all levels.
- A few districts reported lower than desired epidemiologic coverage rates for MDA treatments. There were often multiple reasons for this including: poor sensitization, increased demand for incentives that could not be provide or sustained by the program, rain and floods, fear of side effects. Program plans to review social mobilization strategy and IEC materials messaging
- Continued and recurring demand for incentives by the CMDs/Village health team. This has been a constant issue especially in the face of increased responsibility and greater remuneration provided by other programs. While non-monetary incentives (T-shirts, stationary, etc.) are provided to encourage participation in the program, the program is looking at additional strategies to encourage volunteer participation in a more sustainable way.

- Timely reporting from the districts in an ongoing challenge. ENVISION has made efforts to help the national program retrieve data from the districts through M&E assistants and improved training materials for supervisors. Additional strategies to improve reporting time will look at the role of electronic reporting through android-based tablets.
- NTD Focal Persons in 15 districts lack transport (motorcycles) making coordination of activities difficult. Transport for these districts will be provided in Year 3.
- The schedule of health projects being implemented in the districts is becoming quite crowded, reducing the flexibility of districts to adapt to delays or other scheduling adjustments. Delayed approval of FOGs continues to delay implementation of activities in some districts; creates long time lag between pre MDA and actual MDA activities (e.g. training had to be postponed in some districts due to the delay by districts in releasing funds to implement activities). The window of opportunity to implement MDAs is growing smaller. The program seeks a quicker turn around on approving FOGs to better coordinate with competing activities.
- Improper and late accountability of drugs has affected timely drug application. This problem is further exacerbated by conflicting population figures reported by districts, project managers, and partner organizations. Registration has been begun in implementing districts in Year 3. Drugs requirements will be calculated as per the population figures and MDA and post MDA activities will be closely monitored by the new logistician, M&E Assistants, and central supervisors. The districts have been also advised that drug balances should be immediately collected after MDA and consolidated at central storerooms.
- General strikes by teachers throughout the country interrupted training planned for September.
- Treatment coverage in post-conflict districts, including Gulu, Lamwo, Pader and Kitgum, has been low because many of these areas are conducting MDA for the first time. Ongoing supervisory visits by central-level supervisors and district level advocacy are aimed at improving support by local officials and uptake of activities.

NEXT STEPS

- Preparation and implementation of FOGs for districts implementing in October 2013 and April 2014.
- Carry out Trachoma Impact Assessment Surveys in the 8 remaining districts.
- Complete district level trachoma mapping during FY14
- Initiate Pre - TAS and sentinel site surveys in eligible districts
- Carry out drug coverage surveys in 3 districts
- Pre-test, translate and print IEC materials, including TOT manuals and the new Flip Charts
- Training Trainers for MMDP
- Distribution of TOMS shoes in Kamuli District

5. TECHNICAL ASSISTANCE FACILITY

The Technical Assistance Facility (TAF) is a mechanism for making experts available to provide on-demand strategic and technical support to NTD national programs. Countries supported by USAID funding for NTDs through ENVISION or END in Africa or END in Asia can request technical assistance through the TAF. Support can also be provided to countries that are not currently receiving USAID NTD support.

The TAF funds NTD-related activities that require special technical assistance outside the scope of current national program workplans. Activities must adhere to WHO guidelines and work with the national government systems. Achille Kabore and Molly Brady continue to work with Eric Ottesen to provide technical review of all TAF requests. Terry Waterfield continues as an Operations Specialist, providing administrative, financial and contractual support to the TAF.

During this reporting period, ENVISION completed six TAF supported activities in Tanzania, Mozambique, Benin, Nepal, Laos and Vietnam. See Table 7. Two TAF activities remain active and two are pending.

Country	Activity Request	TAF Consultant	Status
Benin	SCH and STH Mapping in 8 Districts	Dr. Mariama Lamine	Completed
Cambodia	Trachoma Survey Implementation	Dr. Paul Courtright/ Dr. Susan Lewallen	Active- trip planned for early 2014
Laos	Development of Trachoma Survey Methodology	Dr. Paul Courtright/ Dr. Susan Lewallen	Completed
Laos	Trachoma Survey Implementation	Dr. Paul Courtright/ Dr. Susan Lewallen	Active- trip planned for November, 2013.
Mozambique	Zithromax MDA Training	HKI- Chad MacArthur	Completed
Nepal	TAS Training	IMA-Abdel Direny/Andreas Nshala	Completed
Philippines	LF Elimination Program Analysis	Not yet selected	Pending- tentatively planned for early/mid 2014
Senegal	Post-MDA Coverage Survey	Not yet selected	Pending- tentatively planned for early 2014
Tanzania	Trachoma Mapping of 9 Districts	Dr. Ngondi Jeremiah	Completed
Togo	TA to national NTD program and HDI to develop a protocol for post-MDA coverage survey	Dr Boatin Boakye	Report being finalized
Vietnam	Development of Trachoma Survey Methodology	Dr. Paul Courtright/ Dr. Susan Lewallen	Completed

ENVISION collects feedback from MOHs after each TAF activity is completed on the quality and effectiveness of the technical assistance provided through the TAF. On average, MOHs provided an average score of 8.5/10 when asked if “the quality of the technical assistance [provided by the TAF] met the requirements established in the scope of work.” Additionally, MOHs provided an average

score of 8.5/10 when asked if “the final deliverables met the requirements established in the scope of work.”

Also during this period, ENVISION finalized the ‘TAF Guide for Bidders.’ This document includes an overview of the TAF, an explanation of what types of activities are funded by the TAF and it provides step-by-step instructions for bidding on TAF opportunities. The document was provided to all ENVISION partners and is available for organizations and individuals interested in responding to TAF requests.

6. GLOBAL NTD MAPPING INITIATIVE

Mapping disease distribution is essential for all NTD programs because it provides the data needed to understand each country's NTD situation and to guide decision making on program implementation and the prioritization of treatment distribution. It is a critical step towards achieving NTD control and elimination.

ENVISION continues to collaborate with WHO and the GTMP to develop mapping strategies and to improve baseline data collection for NTDs in order to meet global targets to complete NTD mapping by the end of 2014.

ENVISION SUPPORT FOR WHO AFRO MAPPING INITIATIVE

ENVISION is an active participant and supporter of WHO Regional Office for Africa (AFRO) Mapping Initiative. During this reporting period, ENVISION –

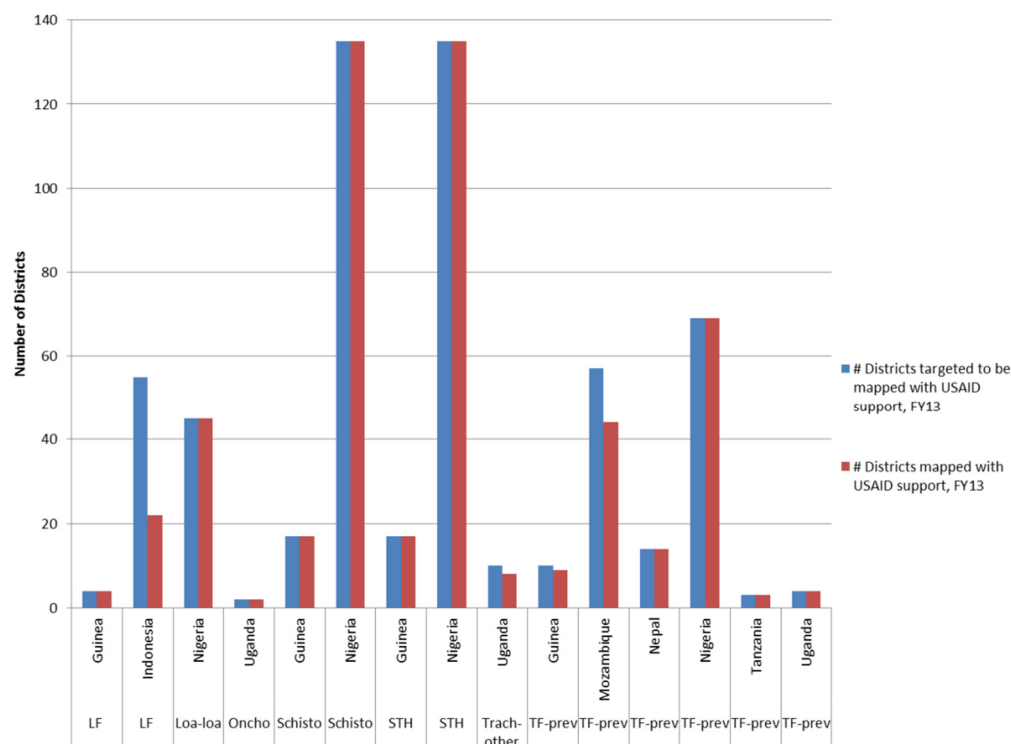
- Attended a **WHO AFRO consultative meeting on PC-NTD mapping** in Addis Ababa, Ethiopia on June 17, 2013 with CNTD, GTMP, SCI and APOC for the following objectives:
 - Reviewing and updating the status of the mapping of PC-NTDs in the Africa region
 - Reviewing and clarifying gaps in mapping supporting throughout the Africa Region
 - Clarifying partners' roles, commitments and support to countries
 - Coordinating support by partners to avoid duplications
 - Categorizing partners' commitment and availability of resources for mapping by countries
- Began recruitment of a **mapping coordinator** to be seconded to WHO AFRO.
- Began working with **Zimbabwe National NTD Program to support NTD mapping**.
 - Released an expression of interest to all ENVISION partners
 - Awarded Task Order to World Vision
 - Held meeting in Harare, Zimbabwe to agree upon next steps.
 - Met with Deputy Director of Health and the NTD focal person in Entebbe, Uganda to discuss the coordination of mapping activities among donors in Zimbabwe.
 - GTMP to support for trachoma mapping.
 - Zimbabwe MOH will leverage funding provided by WHO AFRO to integrate the mapping of human african trypanosomiasis
 - ENVISION to provide technical and financial support for the LF mapping
 - SCH and STH have been treated in the past in endemic districts and therefore mapping will not be necessary

DISEASE MAPPING IN ENVISION SUPPORTED COUNTRIES

Additionally, as documented in the country updates in the Program Implementation section of this report, ENVISION is working with many host country governments to help them complete their NTD mapping. In FY13, ENVISION supported mapping activities in seven ENVISION countries (Guinea, Indonesia, Mozambique, Nepal, Nigeria, Tanzania, Uganda). By the end of FY14, with ENVISION assistance, Mozambique, Tanzania and Uganda will join Cameroon and Haiti in reaching this critical milestone of completing their NTD mapping requirements. Figure 5 shows that

ENVISION performance in meeting mapping targets for FY13. Reasons for not meeting targets in Indonesia and Mozambique are provided in the Country Activity Progress Reports.

Figure 5: ENVISION Performance on Mapping Targets in FY13



As seen in Figures 6 and 7, we are making progress towards mapping completion for LF and trachoma in ENVISION-supported countries. Fifty-three districts across ENVISION-supported countries remain to be mapped for LF. One-hundred and seventy-nine districts remain to be mapped for trachoma.

Figure 6. Progress towards Mapping Completion: LF

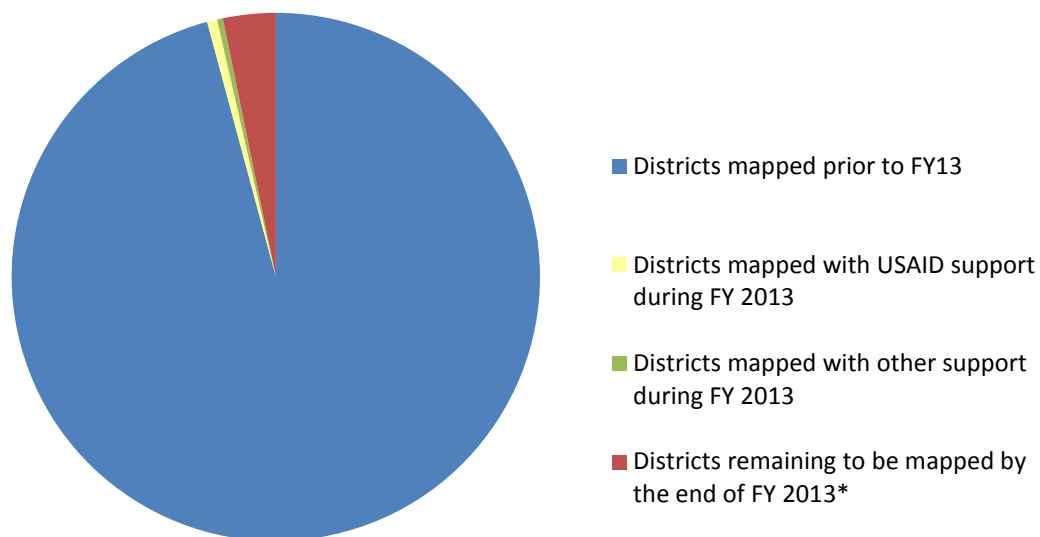
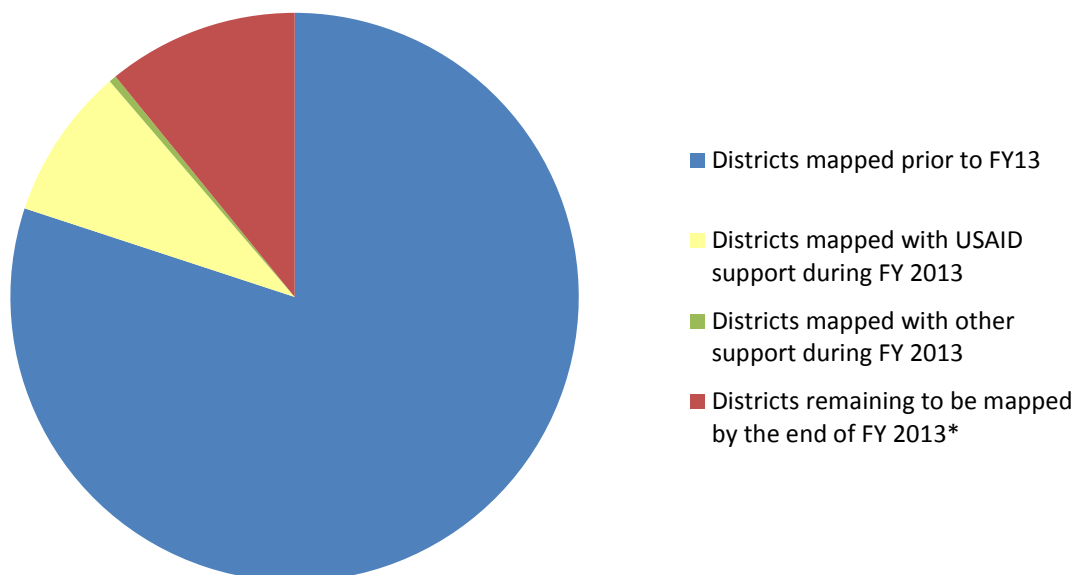


Figure 7. Progress towards Mapping Completion: Trachoma



ENVISION collaboration with the GTMP in Mozambique earns international praise.

ENVISION Country Director in Mozambique, Sharone Backers published an article in the Guardian sharing the successes of the ENVISION/GTMP collaboration and the benefits that collaboration has brought not only to the Mozambique's trachoma program, but also to USAID and DFID, which fund these two projects.

"Working in this way means that the country has one plan — one harmonized approach — for their activities instead of managing multiple funding partners with different agendas," explained Backers.

Trachoma mapping was successfully completed in 110 districts this year, allowing for the first-ever distribution of Zithromax and tetracycline eye ointment in Niassa province in April 2013.

In pursuit of smart strategies to most effectively and efficiently meet trachoma mapping targets globally, ENVISION is working with the GTMP to map trachoma in other ENVISION-supported countries as well, including DRC, Ethiopia, Guinea, Senegal, and Uganda.



7. CAPACITY IN NTD CONTROL AND ELIMINATION

Capacity strengthening for NTD control and elimination has become a clear priority for WHO, evidenced by the continued efforts of the Working Group on Capacity Strengthening (WG-CS) that was formed as part of the WHO Senior Technical Advisory Group (STAG) for NTDs. USAID and ENVISION endorse capacity strengthening activities as an important element of global capacity development to help countries reach NTD Roadmap goals.

During this reporting period, ENVISION rolled out trainings for the TIPAC, grants management, TAS and working with local media in addition to supporting facilitation of and participation in regional trainings. The project also developed capacity strengthening scale-up strategies and relationships and made plans to roll out more courses in FY14. Project staff actively participated in the WHO Capacity Building Working Groups, providing input on the needs of ENVISION countries and contributing to the global dialogue on NTD capacity needs. Finally, ENVISION began collaborating with WHO and other key NTD organizations in the development of a District-level NTD Management Team Training to strengthen the capacity of NTD program implementation at the sub-national level.

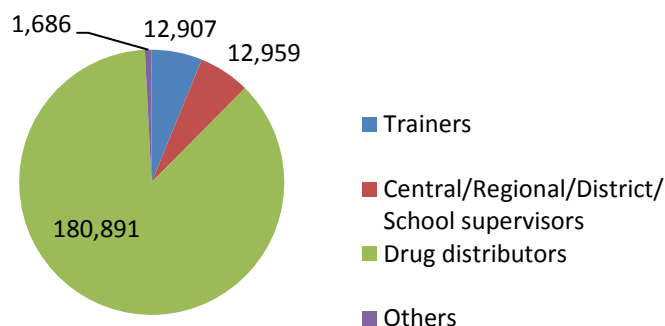
In addition to activities coordinated by the ENVISION team in Washington, country-level staff also contributed to capacity strengthening by providing support for institutional capacity strengthening, organizing national and district level trainings in areas such as financial management and M&E in addition to providing assistance and supervision for cascaded training efforts associated with MDA implementation.

TRAINING IMPLEMENTATION

Cascaded training in support of MDAs

In FY13, ENVISION supported the training of over 200,000 trainers, supervisors and drug distributors in support of MDA. See Figure 8.

Figure 8: Persons Trained at the Country Level with USAID Support



Note: *Others* includes specialized training for M&E, financial and project management and social mobilization for MDA.

Tool for Integrated Planning and Costing Workshop.

ENVISION held TIPAC trainings combined with hands-on implementation assistance sessions for a total of 50 participants in Indonesia, DRC and Nigeria. Two individuals trained during the Facilitators Training in Kampala in Q2 of FY13 served as facilitators of the Nigeria training. Nigeria also became the first country to use the TIPAC to complete its Joint Request for Selected Medicines.

ENVISION also trained a TIPAC facilitator and resource person at PAHO in order to foster scale up of tool implementation in Latin America and the Caribbean. ENVISION continues to work with WHO Geneva and WHO AFRO on updates and capacity strengthening activities related to the TIPAC.

Table 8. Number Trained with ENVISION support, April 2013-Sept 2013

Country	# Persons Trained*	Types of Training
Regional Trainings	9	AFRO TAS Training, PAHO TIPAC Resource Person Training
Benin	1	GTMP
DRC	21	TIPAC
Indonesia	79	Grants Management, TAS, TIPAC
Mozambique	32	GTMP, AFRO TAS, Zithromax MDA
Nepal	26	TAS, GTMP
Nigeria	27	TIPAC Training and Implementation, AFRO TAS
Senegal	32	Media, GTMP, AFRO TAS
Tanzania	2	GTMP, AFRO TAS
Uganda	2	GTMP, AFRO TAS
Total	231	--
*# of persons trained during cascaded training for MDA not included in numbers above.		

Transmission Assessment Survey Training. Development of this course was led by CDC, in partnership with WHO, RTI, and other partners. During the reporting period, ENVISION conducted TAS training for 47 participants in Indonesia and for 25 participants in Nepal using the materials it developed in collaboration with WHO, CDC, and the Task Force for Global Health.

In addition to TAS trainings in ENVISION countries, the program also supported trainings for both PAHO and AFRO. Fulfilling previous requests by PAHO for RTI's support to rollout the TAS in its region, in June 2013 ENVISION supported TAS Training for 15 participants from the Dominican Republic. ENVISION also provided facilitation at an AFRO regional TAS training held in Zimbabwe in July for a total of 38 participants from nine countries.

Monitoring & Evaluation Training Course. This 5-day course developed by CNTD, with inputs from RTI and other partners includes modules on defining indicators and targets, data collection and reporting (including available tools), monitoring and interpreting coverage, validating reported coverage, quality control for data management, data storage, evaluating program impact through conducting disease-specific assessments, capacity building for M&E, and communication of results for different audiences.

ENVISION worked with partners to schedule a fifth workshop in the AFRO region, to take place during the second half of the year. However, due to scheduling difficulties, this has been postponed to FY14. ENVISION remains poised to support an M&E workshop in other regions, depending on the need and requests received. RTI collaborated with partners to make revisions to the AFRO training materials; these will be finalized in early FY14, and available for dissemination to countries and partners in English and French.



Media Training. A media training to promote the NTD control program and MDA activities was held in Senegal for 11 MOH and NGO staff and 19 journalists. The training assisted the MOH to develop key advocacy messages, identify avenues for disseminating information, and develop core competencies in effective communication using various media. Journalists learned about NTDs and what the Ministry is doing about them, and were provided with a chance to meet with and interview individuals suffering from NTDs and staff involved in conducting MDA activities. The training was very successful, with at least five articles being published in well-known Senegalese newspapers following the training and participants from the MOH, NGOs and the media feeling they had built good relationships with one another that would foster improved awareness of and advocacy for the fight against NTDs in the country.

During the reporting period plans were also made to hold a media training in Mozambique in early Q1 of FY14 in partnership with the MOH, ITI and a local media firm. Though the training has been postponed due to recent security issues, the partnerships created and plans made will enable ENVISION to very efficiently prepare for a rescheduled training if/when the security situation improves.

Grants Management Training. ENVISION conducted a Grants Management Training for 29 participants in Indonesia in July 2013 to develop the capacity of the MOH and NGOs to successfully manage USAID funds. The core elements of this training included pre-award surveys, evaluation, types of grants, execution of grant award, administration and regulatory compliance.

Zithromax MDA Training. In partnership with HKI and the Mozambique MOH, ENVISION supported an MDA Administration Training for Zithromax in May 2013 in Lichinga, Niassa Province, northern Mozambique, in preparation for a later MDA. This technical assistance was supported through the TAF. Overall, 30 individuals were trained on Zithromax MDA, and HKI provided a final report discussing the trainings and provided lessons learned as well as recommended next steps.

GTMP Training of Grader Trainers Support. During the reporting period, ENVISION sponsored the travel and participation of 10 individuals from ENVISION countries to attend the GTMP Training of Grader Trainers. These qualified participants from Senegal, Tanzania, Mozambique, Benin, Uganda, and Nepal were trained on the GTMP project, trachoma fundamentals, the SAFE strategy, the WHO simplified trachoma grading system, trachoma examination techniques, hands-on practice grading in the field, the use of mobile devices for mapping, and facilitation skills. Those trained will go on to strengthen trachoma efforts in their home countries by training other qualified individuals to become trachoma graders.



WHO International NTD Program Managers Training Course. Due to challenges in coordinating the implementation of the Program Managers Training, ENVISION developed a country-specific, rather than regional, implementation strategy. This strategy was developed in response to strong interest in the training from country programs. ENVISION has confirmed plans for the training to take place in Nigeria in Q1 of FY14, with participants expected from each of the Nigerian states as well as the FMOH. A second training is scheduled in FY14 in Ethiopia as well. ENVISION has begun identifying experts to facilitate the training.

TRAINING DEVELOPMENT AND ADDITIONAL ACTIVITIES

Translations. Because resources, tools and trainings must be accessible and understandable if they are to effectively contribute to countries' capacity to implement their NTD control and elimination goals, ENVISION translated several important items during the reporting period. The Media Training was translated from English to French, and will be available for potential future trainings in the many Francophone ENVISION countries. Additionally, ENVISION supported the continued translations of key pieces of the database into French and Portuguese, including the User Interface, the Database User Guide, and quality control flags.

DQA Training Development. During the reporting period ENVISION developed a training course for its Data Quality Assessment Protocol. The training package, which includes training presentations, a participants' training exercise workbook, facilitator's guide and pre- and post-tests, will accompany the existing DQA protocol and Excel-based tool to comprise a complete training package to build the capacity of national-level DQA teams to assess and make recommendations to improve the quality of NTD data and reporting systems. For additional information, see the M&E section.

WHO District-level NTD Management Team Training. ENVISION has collaborated with WHO, CNTD, Noguchi, KEMRI and other key NTD organizations in the development of a District-level NTD Management Team Training to strengthen the capacity of NTD program implementation at the sub-national level. The district training will include modules on the PC-NTDs; program planning, coordination, budgeting and management; advocacy and social mobilization; operations and logistics; morbidity management; training of health workers and CDDs; laboratory diagnostics; and monitoring and evaluation. During the reporting period, ENVISION took part in a training coordination meeting in Geneva at WHO, coordinated training development among participating organizations, and began developing several modules. The training is expected to be completed in Q2 of FY14.

8. MORBIDITY MANAGEMENT AND DISABILITY PREVENTION

In July 2013, USAID approved an addendum to the ENVISION FY13 Work Plan for morbidity management and disability prevention (MMDP) activities. As a member of the International Coalition for Trachoma Control (ICTC), ENVISION is supporting the ICTC trichomatous trichiasis (TT) working group tasked with developing TT surgery training guidelines, supervision guidelines, a surgical outreach manual, advocacy briefing notes, and a planning workshop guide. These materials will be finalized in 2014. Best practices related to 1) case finding and referral methods for trichiasis, hydrocele and lymphedema; and 2) lymphedema self-care platforms have been compiled. They are currently being summarized for inclusion in various materials, including the WHO NTD toolkit and the district NTD training, and as background input for some of the WHO LF MMDP toolkit materials.

ENVISION participated as a member of the WHO LF MMDP core group which developed a MMDP situation analysis tool also for inclusion in the WHO LF MMDP toolkit. ENVISION is also supporting WHO to refine LF indicators and data collection methods through working with CDC, CNTD, and others to develop draft protocols for assessing availability of MMDP services, assessing impact of MMDP services, and data management guidance. These should be complete by end of December for review by the larger WHO LF MMDP core group.

At the country level, ENVISION supported a TT surgery strategy meeting in Nigeria that resulted in a five-year strategy for addressing the TT backlog in 12 states that have already been mapped of the 21 suspected. After mapping, all other states found to have TT will be incorporated into the national TT surgery strategy. This strategy includes outlines of surgical capacity scale-up and required monetary investments. In Senegal, ENVISION supported the revision and printing of TT case finding documents for use in health posts and community health workers. The MMDP situation analysis and Training of Trainers in lymphedema management in Uganda were not able to be completed by the end of the fiscal year.

9. GLOBAL TECHNICAL LEADERSHIP AND POLICY DEVELOPMENT

ENVISION provides global leadership for NTD control and elimination in multiple ways. Since this program has the most extensive practical experience worldwide in facilitating the management of NTD programs, ENVISION is recognized as playing a major role in the ‘learning by doing’ of integrated programs targeting the NTDs. This experience is continually translated into ‘best practices’ and then into the guidelines that other programs look to learn from. ENVISION has become, not just another implementing NGO/USAID project, but a major partner with ‘a seat at the table’ in essentially all international forums where technical aspects of NTD programs are considered. Thus, the domains in which ENVISION’s technical leadership and influence is felt extend from the way in which national NTD programs are organized (aka the ‘roll out’ package), to the M&E tools and systems being used for NTD control and elimination, to trainings offered to national NTD program staff, as well as strategies adopted for NTD advocacy and communications.

SHARING ENVISION EXPERTISE AND BEST PRACTICES

With a presence in many 14 countries around the world, ENVISION is uniquely positioned to facilitate **the sharing of practical implementation experience** at the country and global level. As a result, the project seeks to support and facilitate opportunities to exchange and disseminate this expertise. Particularly vivid examples from activities of the past year include:

- ENVISION technical experts from Haiti and Tanzania, initially trained in WHO-sponsored, ENVISION-facilitated courses in conducting transmission assessment surveys for LF, facilitated TAS training in Nepal (see text box)
- NTD managers from Ghana and Nigeria, trained earlier in ENVISION-supported courses became facilitators for the TIPAC training and now serve as enthusiastic advocates for the tool that has now been wholly adopted by WHO as a principal planning tool.

South-South Collaboration Supports LF Elimination in Nepal

This past year, the Nepal LF Elimination Program determined that 16 districts were eligible for transmission assessment surveys (TAS). But in order to conduct the TAS, they needed training and some additional technical support. In response, ENVISION used TAF funding to bring technical experts working as part of ENVISION in other LF endemic countries to consult and support the Nepal LF Elimination Program team. In August, Dr. Andreas Nshala from IMA World Health Tanzania and Dr. Abdel Direny from IMA World Health Haiti traveled to Chitwan, Nepal to facilitate TAS training and consult with the MOH and local NGO staff. Drs. Nshala and Direny worked closely with RTI's ENVISION staff in Nepal team to provide training based on the WHO TAS training course. Together, the multinational team conducted a three-day training with 85 participants from 16 districts including District Medical Officers, District LF Coordinators, and Laboratory Technicians. TAS surveys are expected to be complete by December 2013.



Dr. Andreas Nshala provides training to MOH staff and laboratory technicians on how to prepare and read an ICT card.

Lessons Learned

Drawing on experienced implementers from NTD endemic countries provided valuable knowledge transfer that would not have occurred otherwise. Participants adapted quickly to differences in language accents and speaking styles and the training progressed without any problems.

Drs. Nshala and Direny drew on experience from Tanzania and Haiti to help the Nepal team address critical issues for TAS, anticipate challenges and finally tailor the training to the local context. As more NTD endemic countries advance towards control and elimination goals, demand for specialized NTD technical expertise is expected to grow. With continued support from USAID, ENVISION can continue drawing on the rich technical expertise developed across the project to strengthen NTD programs around the world.

Global technical leadership, very importantly, also involves active participation of ENVISION staff in **global consultative expert committees for NTD control** focused on the broad development of program guidelines, of monitoring and assessment strategies for overall NTD program effectiveness and the development of new tools and approaches required for success. These global technical and leadership meetings, held throughout the world, are where key policy and technical issues related to integrated NTD control and elimination are determined. For a list of meetings attended by ENVISION staff during this reporting period, see Appendix C. ENVISION contributions to global NTD guidelines, policies and tools are provided in Table 9.

Table 9: ENVISION Staff Contributions to Global NTD Guidelines, Policies and Tools

ENVISION Staff Member	Name of Global NTD Control/Elimination Guideline, Policy, or Tool Strengthened	Type of document	Also reported in prior reporting period?	Contributions
LRotondo, KZoerhoff	Trachoma milestones (indicators)	Guideline	No	Contributed to development of milestones for advocacy and programmatic purposes
KRobinson, HFrawley	Facilitators Training: TIPAC	Tool	No	Developed facilitators training
MBrady, KZoerhoff	TAS training materials for learners and tutors	Tool	No	Worked with WHO on reviewing materials for learners and tutors
MBrady	TAS eligibility and reporting forms	Tool	No	Worked with WHO on reviewing forms
AKabore, EOttesen	Protocol for coordinated mapping	Guideline	No	Contributed to development of protocol; facilitated training of technical advisors to assist countries with pre-mapping workshops and field implementation
HFrawley, KZoerhoff, MBrady, PDowns, KCrowley	TIPAC	Tool	Yes	Updated the tool; supported TIPAC trainings
KZoerhoff	WHO Indicator Compendium	Guideline	Yes	Contributed to development; linking to USAID's M&E system
KZoerhoff, KBhandari	WHO Situation Analysis for M&E of PC	Tool	Yes	Contributed to analysis of results
KZoerhoff	WHO Position Statement on TAS	Policy	Yes	Contributed to finalization of guideline/policy
KZoerhoff, KBhandari	National NTD Database Template	Tool	Yes	
KZoerhoff	Data Quality Assessment Protocol and Tool	Tool	No	Developed and piloted DQA protocol
KZoerhoff, AKabore, KBhandari	AFRO Training Materials	Tool	No	Contributed to development
MBrady	WHO TAS training PPTs and learners and facilitators guides	Tool	Yes	Contributed to finalization of PPT modules and guides
MBrady	WHO LF MMDP M&E protocols	Tool	No	Still in preliminary stages
MBrady	WHO LF MMDP situation analysis tool	Tool	No	Still in preliminary stages
ADoherty, KRobinson	NTD District-level Management Training Course Development	Other	No	Participated in initial meetings to begin development of global NTD training at the district level

ENVISION is recognized as an essential contributor to all of these meetings, bringing a disciplined and informed approach *with solutions* to problems faced by all NTD implementers. Demonstrating this, ENVISION staff holds a number of key leadership positions within these consultative groups provided in Table 10. The ENVISION program too, benefits directly from its leadership role not only by being privy to the most recent information and updated approaches to program implementation but also by being able to share its own national experiences directly with international colleagues while developing successful strategies for overcoming new or unanticipated challenges.

Table 10: ENVISION Leadership in Global Consultative Working Groups	
ENVISION Staff Member	Name of Working Group or Sub-Working Group Representing
Amy Doherty, Kaleigh Robinson	WHO Temporary Advisor, WHO Working Group on Capacity Strengthening
Lisa Rotondo	Member for 2013 alliance meeting for WHO ad hoc Working Group -GET2020
Katie Zoerhoff	Serve as WHO Temporary Advisor, WHO Working Group on M&E of PC
Katie Zoerhoff	Co-coordinator of health sub-group, WHO Temporary Task Force for Impact Assessment of Preventive Chemotherapy
Ann Varghese	Chair of the LF NGDO Network
Emily Toubali	Vice-chair of the LF NGDO Network
Eric Ottesen	Serves on WPRO RPRG
Achille Kabore and Eric Ottesen	Technical advisors for WHO/AFRO Coordinated Mapping Group supporting the development of protocols and facilitating trainings
Molly Brady	Co-rapporteur in April 2013 meeting of the WHO Core Working Group on LF MMDP , participating in sub-working groups designing M&E protocols and situation analysis tool
Lisa Rotondo	Contribute to the design of ICTC led projects for trachoma elimination as part of the ICTC Strategic Working Group , providing technical assistance to the design and ensuring complementarity with USAID-funded activities through ENVISION
Lisa Rotondo	Elected as Network Vice Chair for NTD NGDO Network . Contributed to minutes and report of September 2013 meeting.
Lisa Rotondo	Represents ENVISION on weekly technical leadership conference calls with Global Trachoma Mapping Project , ensuring harmonization of technical aspects of trachoma mapping at project level, ensuring coordination of efforts in countries of overlap
Amy Doherty	Serve as WHO Temporary Advisor for WHO Working Group on Drug Supply

LINKING COUNTRIES TO NTD OPERATIONAL RESEARCH

Given the complexity of the NTD programs and the ambitiousness of the targets, there is an enormous demand for better, faster, more efficient tools and approaches to the many challenges facing them. Research for tool development is now sponsored primarily by the Gates Foundation, often in collaboration with USAID, DFID, WHO, the drug donation programs and others. The key to success, however, lies in the correct definition of problems that are critical for program success and then implementation of the appropriate research in actual program settings.

ENVISION is in an ideal position to recognize with its implementing and national partners the most important challenges needing resolution and in facilitating the linkages between national program staff and researchers (national and international) with funds and expertise to undertake the needed studies. **ENVISION leadership is engaged in essentially all aspects of the GATES-funded NTD operational research**, and ENVISION countries participating in such operational research (supported principally by Gates funding) include Haiti, Benin, Senegal, Nigeria, Cameroon, Uganda, Tanzania, Mozambique and Indonesia. This critical interaction between the research and implementation NTD communities will continue to increase in each successive year.

ENVISION SUPPORT FOR STRENGTHENING GLOBAL NTD M&E APPROACHES

Indicator Compendium. ENVISION continued to collaborate with WHO to develop the Indicator Compendium. The indicators remaining to be developed were identified, and efforts were made to draft the text. Many of the indicators have been reviewed by WHO experts, and feedback has been incorporated. Content will be finalized and a working draft will be able to be circulated in early FY14.

National NTD Database Template. A large volume of data is generated during monitoring and evaluation activities for NTDs. Access to and use of data is not only required for effective program implementation but also for elimination dossiers as countries work towards control and elimination of NTDs by 2020. Many national programs in NTD-endemic countries do not yet have an integrated NTD database, owned and managed by the national NTD program, and the WHO M&E Working Group recommended the development of a national NTD database template that can be tailored to each country program. In this context, ENVISION is working with WHO/HQ, AFRO, WPRO, SEARO, APOC, and CNTD to lead the development of the national NTD database template. The aim is to equip NTD-endemic countries with an integrated database that facilitates data entry, analysis, storage, and reporting for national NTD program needs, by building on the efforts that have already been carried out by AFRO and other partners.

The database will have a custom program installed on the users' computers with a MS Access back-end, with the potential to transition to web-based, multi-user platform at a later point in time. Users will be able to select from multiple languages (English, French, and Portuguese), and will experience a user-friendly interface for data entry and reporting. The database will have default and customizable reports. It will also have the ability to export data into WHO's Joint Reporting Form, APOC's data reporting form, the Trachoma Elimination Monitoring Form (TEMF), and the data acquisition tools used by USAID's NTD projects (the Disease Workbook, Program Workbook, and the END in Asia Workbook), in order to reduce the reporting burden placed on national programs.

Sustainability is a primary goal of the database development and use. There will be clear documentation and guidance on how to adapt to different region and country contexts. The database is customized to meet changing needs in M&E for NTDs, and is harmonized with other databases, applications, and tools used by WHO and partners.

There were several coordination and fact-finding consultations WHO/HQ, AFRO, SEARO, WPRO, and various country programs to support the development of the template. Countries representing varying regions, sizes, and languages were chosen through conversations with WHO and its regional offices, and CNTD. Between June-July 2013, representatives from ENVISION visited WHO/HQ, AFRO in Brazzaville, the MOH in Congo (Brazzaville), the MOH in Sierra Leone, the MOH in Malawi, SEARO in Delhi, the MOH in Indonesia, WPRO in the Philippines, and the MOH in the Philippines, in order to ensure shared goals and identify current data management and storage practices, needs and priorities at global, regional, national, and district levels. While in country, national programs, district offices, and WHO regional offices (where applicable) were visited to address the different needs of centralized and decentralized data management

During the development phase, ENVISION worked closely with its consulting database programmer, who coordinated with different stakeholders. The stakeholders were updated on the national database template development process through a weekly database call, regular email correspondence for feedback and suggestions, and sharing of progress made. ENVISION will continue to collaborate with stakeholders to finalize the template. The template is expected to be released early 2014, with a plan for roll-out and training in Q2-Q3.

Data Quality Assessment Guidelines and Tool. High coverage is essential for the success of PC programs targeting NTDs, and data from MDA are regularly reported. However, national NTD programs have only rarely conducted formal data quality assessments to evaluate the quality of reported data and data management systems, despite the widespread use of DQA for other public health interventions. In this context, RTI has been working with WHO to develop a package of DQA materials that are specific to NTDs.

In Uganda in April, ENVISION field-tested the DQA guidelines and tool that had been developed during the first half of the year by a consultant with the M&E Specialist. Based on the lessons learned from the field-test, ENVISION made updates to the guidelines and tools, and also developed training materials. ENVISION solicited feedback from multiple partners on the materials, including WHO/HQ, AFRO, PAHO, CNTD, and USAID, and incorporated suggestions into a DQA package (Table 11) which will be finalized, translated and field-tested in multiple countries in FY14.

Table 11. NTD DQA Package

Material	Description
DQA Guidelines	Word document that outlines the objectives of the DQA and the DQA process of preparation, implementation, and interpretation of results.
Comprehensive DQA tool	Excel document, tailored to NTDs, to compile data from implementation of a comprehensive DQA in a country.
Supportive supervision DQA tool	Shortened version of the comprehensive tool, to be used when conducting a DQA during supportive supervision.
Introductory PowerPoint slides	PowerPoint slides that introduce the DQA.
Training PowerPoint slides	PowerPoint slides to be used for training central-level representatives of the national NTD program, to strengthen MOH capacity to implement a DQA for NTDs; include practical exercises.
Facilitator's Manual	Word document to guide facilitators to strengthen the capacity of central-level NTD program representatives to implement a DQA for NTDs. Separated into modules, and includes learner outcomes, exercises, notes and tips, corresponding to the Training PowerPoint slides.
Participant's Exercise Workbook	Word document containing the exercises for participants of a central-level DQA training.
Pre-Post Test	Facilitates assessment of knowledge gained by participants from the central-level DQA training.

By developing the DQA materials specific to NTDs, ENVISION has established a mechanism by which national NTD programs can assess the quality of their data management and reporting system through a systematic framework. The training materials were developed with the aim to build the capacity of national programs to implement the DQA; engaging national program representatives to be active participants in the DQA process increases the likelihood that the results and recommendations will be owned—and therefore acted upon—by the national program.

10. STRENGTHENING NATIONAL NTD PROGRAMS' MONITORING AND EVALUATION

STRENGTHENING DATA COLLECTION AND REPORTING

During FY13, ENVISION worked to strengthen the data collection and reporting systems in countries supported by USAID. This has included the development and production of data collection and reporting tools, where needed. For example, the integrated treatment registers continued to be rolled out during the second half of the year in Uganda. This tool represents a harmonization of national program and partner monitoring and reporting needs, and facilitates the capture of sex- and age-disaggregated treatment results. Additionally, supportive supervision is provided, including during data collection and reporting. For example, the supportive supervision tools in Cameroon were strengthened to ensure that supervisors reviewed the data at various levels. (For more information on supportive supervision, see section below.)

ENVISION is also strengthening the capacity of national programs to report data disaggregated by sex. This has included revising tools, providing training, and additional supervision, as needed. These efforts will be continued as needed in ENVISION countries in FY14.

STRENGTHENING NATIONAL M&E PLANS

ENVISION continues to support countries to develop national M&E plans for NTDs. Having a national M&E plan in place will help country programs to recognize the achievements and challenges with their current system and identify country-specific steps to strengthen the national M&E process. During FY13, ENVISION provided technical assistance to the FMOH in Nigeria to strengthen the draft of their national M&E plan. Additionally, during the M&E orientations in Indonesia, Nepal, and Uganda, the need to develop and finalize the national M&E plans was discussed. Further efforts will take place in FY14.

IMPLEMENTING THE TIPAC

In FY13, five ENVISION supported countries implemented the TIPAC. We expect to see all countries implementing the TIPAC in FY14 now that the tool has been finalized and training is rolled out.

Nigeria FMOH endorses the TIPAC

This year, ENVISION began providing support to the Nigerian Ministry of Health in NTD control and elimination. One of the priority areas of assistance that Nigeria requested was training in the use and application of the TIPAC. In July/August, ENVISION provided TIPAC training to the Nigerian Federal Ministry of Health (FMOH) and NTD program staff. Once the TIPAC was successfully completed, Nigeria was able to use the tool to generate its Joint Request for Selected PC Medicines (JRSM) for the World Health Organization.

“The TIPAC is an exciting tool that streamlines planning and makes costing and budgeting much easier”

- Uzoma Nwankwo, NTD Division, Nigeria Federal Ministry of Health

The introduction of the TIPAC was met with great response. With all NTD program managers in Nigeria endorsing the TIPAC, it will be used as the official tool for NTD planning and costing at the federal level. Nigeria has expressed interest in rolling out the tool at the State-level and are even considering using a general-use TIPAC for MOH-wide planning.

Notably, Dr. Uzoma Nwankwo, Nigeria’s FMOH NTD Division endorsed the TIPAC at a recent WHO AFRO Program Managers Meeting in Entebbe, Uganda with NTD program managers from 38 African countries in attendance.

DISEASE-SPECIFIC ASSESSMENTS

ENVISION provides technical and financial assessments to conduct disease-specific assessments (DSA) in line with WHO guidelines, in order to measure progress towards control and elimination as well as document USAID and other partners’ impact on decreasing the disease burden. The timing of the DSA depends on the number of MDA rounds completed, the coverage, the timing of the most recent MDA, and availability of logistics such as diagnostic tools, among other factors.

During FY13, various DSAs were conducted, including sentinel and spot check sites for LF, OV epidemiological assessments, SCH and STH sentinel and spot check sites, and trachoma impact surveys (Table 12). While results are being compiled in many of the countries, some country-specific highlights can be seen below.

Table 12. ENVISION-supported Disease-Specific Assessments in FY13 by Country

Country	Assessment	# DSAs targeted	# DSAs conducted
Benin	LF Pre-TAS sentinel site	5	5
	Oncho epidemiological assessment	10	10
Cameroon	LF Pre-TAS sentinel site	18	18
Ethiopia	Trachoma impact survey	40	40
Guinea	LF baseline sentinel site	11	11
	Oncho epidemiological assessment	8	8
Haiti	LF Pre-TAS sentinel site	4	1
	LF Pre-TAS spot-check site	2	1
	LF TAS: Stop MDA	3	0
	STH evaluation	6	2
Indonesia	LF Pre-TAS sentinel site	6	6
	LF Pre-TAS spot-check site	7	7
	LF TAS: Stop MDA	2	2
Nepal	LF TAS: Stop MDA	16	16
	STH sentinel site	8	8
	Trachoma impact survey	1	1
Tanzania	LF midterm sentinel site	4	4
	LF midterm spot check	1	1
	LF Pre-TAS sentinel site	2	2
	Trachoma impact survey	8	8
Uganda	LF Pre-TAS sentinel site	4	4
	LF Pre-TAS spot-check site	9	9
	LF TAS: Stop MDA	6	5
	Oncho epidemiological assessment	7	7
	Schisto sentinel site	5	3
	Schisto evaluation	5	5
	STH sentinel site	5	3
	STH evaluation	5	5
	Trachoma impact survey	12	4

As demonstrated in Table 12, ENVISION met all targets for disease-specific assessments except in Haiti and Uganda. For total number of assessments by DSA for ENVISION, see table 13.

Table 13: ENVISION-supported Disease-Specific Assessments in FY13

Disease-Specific Assessment	# DSAs targeted	# DSAs conducted
LF baseline sentinel site	11	11
LF midterm sentinel site	4	4
LF midterm spot check	1	1
LF Pre-TAS sentinel site	39	36
LF Pre-TAS spot-check site	18	17
LF TAS: Stop MDA	27	23
Oncho epidemiological assessment	25	25
Schisto sentinel site	5	3
Schisto evaluation	5	5
STH sentinel site	13	11
STH evaluation	11	7
Trachoma impact survey	61	53

MOBILE DATA CAPTURE

During this period, ENVISION successfully implemented mobile data capture in several countries, building the capacity of program managers to collect, analyze, and disseminate survey data using mobile devices. ENVISION's mobile data capture system operates through a free, publicly available, application called LINKS. The LINKS platform provides an interface to upload surveys, collect data, and download data onto a cloud-based server, which is accessible in real-time and accessible by the Ministry of Health and project partners. By supporting mobile data capture, ENVISION contributes to the development of standardized, field-tested, electronic NTD surveys for the global NTD community that countries can easily download (in multiple languages) onto Android-based mobile devices.

In FY13, NTD advisors used real-time data results to improve decision-making with regards to 1) immediate review and approval of drug applications, 2) coordination of survey teams in the field (changing sampling strategies as real time data is analyzed), 3) sharing of standardized survey tools across different country programs in multiple languages, and 4) assessing when to stop preventative chemotherapy at various administrative levels.

During Q 3 and 4, ENVISION procured the following Android-based devices:

- Uganda: 14 Samsung Galaxy Tablets (wireless)
- Mozambique: 26 Motorola Atrix 2 4G phones
- Tanzania: 28 Samsung GT-3113 (wireless)
- Senegal :10 Motorola Atrix 2 4G phones

National NTD programs utilizing mobile data capture for disease mapping and disease impact assessments indicated positive results including, improvements in data quality and reduction in both staff time and money required for data collection. As such, some countries have proposed expanding the current system for post-MDA reporting. ENVISION mobile data capture surveys completed or in process, include:

- Uganda: Trachoma baseline mapping, Trachoma Impact Assessment Surveys, TAS, pre-TAS
- Mozambique: Trachoma baseline mapping
- Tanzania: Trachoma baseline mapping, Trachoma Impact Assessment Surveys
- Senegal: Trachoma baseline mapping
- Benin: Trachoma baseline mapping
- Nigeria: Schistosomiasis/STH, Trachoma baseline mapping

Also during this period, ENVISION finalized the ‘Mobile Devices for Survey Work: Guidelines for administrators’ as a resource for program managers in utilizing mobile data capture for NTD programs. This guide is available in both French and English and can be downloaded from the ENVISION website.

QUALITY CONTROL EXERCISES

ENVISION encourages the implementation of certain activities to ensure high quality of the NTD system and reported results. These include supportive supervision, post-MDA coverage surveys, and data quality assessments.

STRENGTHENING SUPERVISION IN UGANDA: With a small increase in funding from ENVISION, national program managers and senior staff are able to make **more frequent supervisory visits** to district health staff, schools, and community leaders. A **supervisory checklist** also helps to provide guidance to supervisors, as well as to track performance changes in districts during subsequent visits.

To ensure quality in data reporting, ENVISION brought in **M&E Assistants** to provide on-the-spot technical guidance to districts when coordinating activities, and ensure that MDAs adhere to WHO guidelines. They liaise with District Health Officers, NTD Focal Persons, Health Department Statisticians, and ENVISION project personnel to ensure that program indicators are being used to inform program planning.

FRONTLINES

ONLINE EDITION

Water & Neglected Tropical Diseases | March/April 2013

Trachoma vs. Technology

By Phil Downs and Scott Torres



A Yumbe survey team learns how to use electronic tablets to collect data on trachoma.
Christine Ninsiima

A pilot project to capture and analyze data quickly on mobile electronic tablets in rural Uganda is transforming the battle against an ancient eye disease, for which timely treatment can prevent blindness.

On a hot day during the Uganda dry season, Christine Ninsiima walks along a dirt path to a remote household where she's looking for trachoma in a small, rural village in Yumbe district. A team member for the Uganda Ministry of Health trachoma program, she has been doing this type of work for seven years. Trachoma is a blinding eye disease caused by an infectious bacterium.

It is often hard work, involving long hours of collecting data in the field. With an average of 20 parishes per district, we visit two villages per



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Supportive Supervision. The eleven countries that implemented MDA activities with ENVISION support all conducted supportive supervision during FY13. Many of the countries utilize supervisory checklists that help to ensure the quality of NTD programs. For example, Tanzania's checklist includes information about the following program activities: advocacy, sensitization and mobilization; training; NTD medicines; NTD materials, such as registers, forms, guidelines, manuals, and dose poles; capital equipment; IEC and BCC materials; funds; MDA; reporting; morbidity control; and vector control. In Cameroon, national program staff are equipped with structured supervision checklists to be followed and submitted upon each supervisory visit; these forms include space to indicate corrective actions for any identified issues.

STRENGTHENING COVERAGE IN NEPAL: ENVISION supported a 30-cluster, population-based coverage survey for LF in 10 districts. The results showed that, 1) surveyed coverage was lower than reported coverage in the majority of the districts. Coverage was much higher in rural areas than in urban areas; 2) the main reason individuals did not participate in the MDA was fear of side effects; 3) a strong understanding of the reasons for the intervention.

Based on these findings, upcoming MDA should focus on strengthening coverage in urban areas; mobilizing community volunteers and health workers to provide education on compliance and the minimal risk of severe adverse events; and utilizing electronic media to disseminate messages about the LF MDA.

Post-MDA Coverage Surveys. Post-MDA coverage surveys were implemented with USAID support in Benin, Cameroon, Haiti, Nepal, and Tanzania. These surveys aim to verify reported coverage, capture information about why individuals did, and did not, take part in the MDA, and elucidate information about knowledge, attitudes, and practices related to NTDs and their prevention. Results are still being compiled in many of the countries, and will be used to improve future MDA planning and implementation.

Data Quality Assessments. ENVISION started field-testing the DQA in Uganda in FY13. Reported data were recounted at the national level, in four districts, in four sub-counties (1 per district), and 16 villages (4 per sub-county), and a qualitative assessment was also conducted at each level. The DQA elucidated both the strengths of the data management and reporting system in Uganda, as well as the areas that need improvement. Results indicated that trainings and supervision on data reporting need to be strengthened at all levels. As a result of the DQA action plan, clear timelines for reporting will be established by the national program, and ENVISION will support the development and dissemination of job aides in Year 3. As mentioned in [Global Leadership section], ENVISION will support DQA field-testing in additional countries in FY14.

TRAINING

Due to the importance of effective M&E to assess the progress towards control and elimination, ENVISION prioritizes building M&E capacity at the country and global levels. During FY13, 739

individuals were trained in M&E with ENVISION support in country-level trainings and regional workshops. Topics included orientation to NTD data collection tools at the district level in Tanzania; TAS in Indonesia, Nepal, and the Dominican Republic; and LF sentinel site surveys and OV epidemiological assessments in Guinea, among others. Additionally, ENVISION provided facilitation support for the AFRO M&E Course held in Ouagadougou in November 2012, where 12 individuals were trained in M&E for NTDs. Facilitation was also provided during the AFRO TAS Workshop held in Harare in July 2013, where 38 representatives from 9 countries in the Africa Region were trained to conduct TAS.

11. ENVISION SUPPORT FOR THE DEVELOPMENT OF USAID'S NTD M&E SYSTEM

As USAID's flagship project for NTD control and elimination, ENVISION is responsible for the development of USAID's NTD Program monitoring and evaluation (M&E) system. The M&E system consists of several data acquisition tools and a web-based M&E database. In addition, ENVISION has its own Performance Monitoring Plan. M&E data for all USAID-supported activities in NTD control and elimination are stored in USAID's online NTD Database, managed by ENVISION and are used to support agency reporting and guide national programs in making programmatic decisions. The Performance Monitoring Plan is designed specifically to assist monitoring, evaluating, and reporting ENVISION project performance and results, in line with USAID's enhanced M&E strategy for NTDs.

The ENVISION M&E team is in the process of developing a short brochure that describes USAID's M&E framework which will be available for dissemination in early FY14.

DISEASE WORKBOOK

ENVISION developed the Disease Workbook to capture disease-specific data at the district level, including disease distribution, historical MDA information, projections for disease-specific assessments for LF and trachoma, and MDA targets and coverage with USAID and all funding. The Disease Workbook is used by all countries supported by ENVISION and END in Africa, to describe the context of each country as well as to plan, monitor and report USAID-supported MDA results.

During the second half of the year, minor updates were made to the Disease Workbook to strengthen the quality and to incorporate feedback from users to make them user-friendly. These include updating some of the formulas used in the Workbooks to avoid the corruption of formulas, deletion of unnecessary rows, and harmonization of terms throughout the Workbooks. The translation of Workbook and the corresponding Instructions was completed during the reporting period.

PROGRAM WORKBOOK

The Program Workbook was developed by ENVISION to report program-specific data, in order to capture country-level results achieved with USAID and other partners' support. The Program Workbook is used by all countries supported by ENVISION and END in Africa, to describe the context of each country as well as to plan, monitor and report training, mapping, M&E, and other activities supported by USAID.

During the second half of the year, similar updates were made to the Program Workbook as the Disease Workbook to strengthen the quality and to incorporate feedback from users to make them

user-friendly (updating formulas, deleting unnecessary rows, harmonizing terms). The translation of Workbook and the corresponding Instructions was completed during the reporting period.

END IN ASIA WORKBOOK

In order to capture the context and activities specific to USAID's END in Asia project, ENVISION developed the END in Asia Workbook. As decisions are currently under discussion by USAID and END in Asia regarding accurately capturing USAID-supported results in countries supported by END in Asia, ENVISION has put on hold making any revisions to this workbook. ENVISION is prepared to make any necessary changes to the END in Asia Workbook once the final decisions are made.

DISEASE-SPECIFIC ASSESSMENT, MAPPING, POST-MDA SURVEY FORMS

The forms to collect disease-specific assessment, mapping, and post-MDA survey results continued to be developed during the second half of the year. The ENVISION M&E team is working to harmonize the forms to have the same indicators as the WHO TAS Reporting Form and WHO Epidemiological Reporting Form, to the extent possible. The forms and corresponding instructions will be finalized, translated, and available for countries to use during early FY 2014.

USAID'S NTD DATABASE, MANAGED BY ENVISION

The ENVISION M&E team continued work on the development of USAID's NTD Database, managed by ENVISION, leading up to the live release of the database in September. The on-going development included work on a customizable report builder, improvements in usability, and quality checking of all features. The features of the database can be seen in Table 14. To make the NTD Database more accessible to all users, the User Interface was translated into French and Portuguese, along with the Submitter and Reviewer User Guides. A booklet was also drafted to provide a comprehensive overview of USAID's NTD Database, managed by ENVISION, and to answer some Frequently Asked Questions. This booklet will be finalized and disseminated in early FY14.

Following the September launch, users in Uganda and Mozambique began using the online database for storing, reviewing, and editing of data for the FY13 semiannual reporting period. Users at all levels noted the ease of use and value in managing version control concerns. Feedback from this initial experience will be taken into consideration as additional improvements are made to the database.

With the creation of the database, ENVISION has developed a conservative policy around data sharing and dissemination. This policy recognizes that the MOH is the owner of all the NTD data for its country, and therefore should be aware of and in agreement with all the data that are reported. Data will not be shared with organizations outside of those with contractual obligations to report the data to USAID, unless explicit authorization is given by the MOH. Each user must complete a User Registration and Acknowledgement Form that indicates their understanding of the data sharing

policy. During the reporting period, the ENVISION M&E team began registering users that have completed, signed, and submitted the User Registration and Acknowledgement Form.

Table 14. Features of USAID's NTD Database	
Feature	Description/Purpose
Online storage	Data from multiple USAID-supported NTD projects are stored online.
Easy retrieval	Data stored online can be retrieved and reports can be generated.
Password protection	Each user uses a unique username and password to log into the password-protected USAID NTD database.
Downloadable forms	Countries can download the latest version of the Workbooks that are pre-populated with their country's information.
Version control	USAID NTD Database maintains version control of the Workbooks with transaction log feature.
Permission matrix	USAID NTD Database is equipped with different levels of permissions for uploading, approving, and viewing data. Ministries of Health, sub-partners, RTI International, FHI 360, USAID and MOH-authorized organizations such as WHO and the drug donation programs can have defined access to specified country data.
Notification system	Users within the data approval hierarchy will receive email notifications once data are submitted, approved, and/or needs edits in the USAID NTD Database.
Customizable Report Builder	Provides users the ability to create their own reports by selecting indicators of interest.
User Guides	Role specific user guides for Submitters and Reviewers available in English, French, and Portuguese.

BUILDING CAPACITY TO UTILIZE ENVISION'S M&E SYSTEM

During the second half of Year Two, the ENVISION M&E team held a number of orientation sessions to build the capacity of ENVISION/HQ team, ENVISION country staff, representatives from Ministries of Health, and USAID's NTD team to utilize ENVISION's M&E system. These efforts are summarized in Table 15.

Table 15. Efforts to Build Capacity to Utilize ENVISION's M&E System, April-September 2013

Country	Participants	Focus	Follow-up requirements
Benin	RTI-Benin, MOH-Benin	ENVISION M&E and the global context, indicators, data capture process, USAID's NTD Database	The MOH expressed interest in support for training an M&E team to be established within the MOH.
Haiti	IMA-Haiti	USAID's NTD database	Training and introduction for MOH and/or additional training for IMA staff on the database
Indonesia	RTI-Indonesia, MOH-Indonesia	ENVISION M&E and the global context, indicators, data capture tools, USAID's NTD Database	MOH may need additional orientation since the new MOH representative was not yet assigned at the time of the orientation.
Mozambique	RTI-Mozambique	ENVISION M&E and the global context, indicators, data capture tools, USAID's NTD Database	The MOH was unavailable and will need an introduction and training on the database and approval process. Another ENVISION orientation may be needed if a new ENVISION data manager is hired.
Nepal	RTI-Nepal, MOH-Nepal	ENVISION M&E and the global context, indicators, data capture tools, USAID's NTD Database, nat'l M&E Plan	Follow-up needed on the development of the National M&E Plan.
Tanzania	IMA-Tanzania, MOH-Tanzania	ENVISION M&E and the global context, indicators, data capture tools, USAID's NTD Database	Designation of MOH representative.
Uganda	RTI-Uganda	ENVISION M&E and the global context, indicators, data capture tools, USAID's NTD Database	Training for MOH on the database.
US	USAID NTD team	USAID's M&E and the global context, indicators, data capture processes and tools, USAID's NTD database	Follow-up orientation needed on the database.
US	RTI-HQ team	USAID's NTD database	Follow-up orientation needed for staff who weren't able to participate

PERFORMANCE MONITORING PLAN

During the second half of the year, the ENVISION M&E team continued strengthening the Performance Monitoring Plan (PMP) in line with USAID's enhanced M&E strategy, in order to guide monitoring and documenting program performance and results. The PMP is currently under review, and will be submitted to USAID during the next reporting period.

DATA REVIEW AND REPORTING

ENVISION's M&E team provided review and feedback of data for all USAID-supported mechanisms, including 23 countries supported by ENVISION, END in Africa, END in Asia, and/or other USAID-supported mechanisms. ENVISION's M&E team also provided ongoing technical assistance to inform the USAID NTD Team Strategy regarding various Agency reporting requirements, and supported USAID staff with agency reporting.